

**STATE OF ALASKA**  
**DEPARTMENT OF PUBLIC SAFETY**  
**REQUEST FOR CRIMINAL JUSTICE INFORMATION**  
**From the Alaska Criminal History Record Repository**

*Original forms must be submitted to:*

Criminal Records and Identification Bureau  
5700 E. Tudor Road, Anchorage, AK 99507  
Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)  
Include fee: \$20 single copy, \$5 each additional copy  
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (**from other than the record subject**): (Choose ONE)

1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
2. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records
- 2.A. If you checked item 2, the requester must provide the following information:  
I request this report for the purpose of determining whether to grant the record subject supervisory or disciplinary power over (check all that apply):
- Minor(s)  
 Dependent adult(s)  
Title or brief description of the position under consideration: \_\_\_\_\_
3. Criminal Justice Information needed for another purpose authorized by federal or state law.  
Client Number: \_\_\_\_\_  
If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau.  
To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request.

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

**Subject Name:** \_\_\_\_\_

Maiden/Alias name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  -Male  Female Soc Sec No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg: \_\_\_\_\_

To be completed by the record subject: *"I authorize the release of my criminal justice information record, (described above) to the named requester."*

Signature of subject: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Requester Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Business/Agency: NDDHS, Criminal Background Check Unit

Mailing Address: 600 E Blvd Ave, Dept 325

City/State/Zip: Bismarck ND 58505-0250

Date of Birth: n/a Telephone: 701-328-7575

Sex:  -Male  - Female Soc Sec No. n/a

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

Fax Number: 701-328-0358

Signature of requester: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

**I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.**

**Record Subject's Signature**

**Date**

**Criminal Records and Identification Bureau Use Only**

<input type="checkbox"/> Fee Payment Type _____
<input type="checkbox"/> Fee Waiver/Authorization _____
<input type="checkbox"/> OCA Number _____

<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/09/04

Revised 3/01/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 7//27/06