

**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: 45 C.F.R. 98.43(e) CCDBG Act
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.*

<p>Subject Name: _____</p> <p>Maiden/Alias name(s): _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Alaska Drivers License #: _____</p> <p>Date of Birth: _____</p> <p>Sex: <input type="checkbox"/> -Male <input type="checkbox"/> Female Soc Sec No. _____</p> <p>Telephone: _____ Msg: _____</p> <p>To be completed by the record subject: <i>"I authorize the release of my criminal justice information record, (described above) to the named requester."</i></p> <p>Signature of subject: _____</p> <p>Date Signed: _____</p>	<p>Requester Name: <u>Amber Hernandez</u></p> <p>Title: <u>Public Service Administrator</u></p> <p>Business/Agency: <u>Kansas Dept. of Health & Environment</u></p> <p>Mailing Address: <u>1000 SW Jackson, Suite 200</u></p> <p>City/State/Zip: <u>Topeka, KS 66612</u></p> <p>Date of Birth: _____ Telephone: <u>(785) 296-8475</u></p> <p>Sex: <input type="checkbox"/> -Male <input checked="" type="checkbox"/> - Female Soc Sec No. _____</p> <p>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:</p> <p><input type="checkbox"/> Fax Number: _____</p> <p>Signature of requester: _____</p> <p>Date Signed: _____</p>
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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