

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES**

COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS

The undersigned do hereby authorize the State of Alaska, Division of Motor Vehicles, to release my driving record to the following business or company:

Azura Investigations 877-721-4061
Company or Business Name (Please Print) Telephone Number

Company or Business Name (Please Print) Telephone Number

| ALASKA # | PRINTED NAME | RECORD TYPE | SIGNATURE |
|----------|--------------|----------------------|-----------|
| | | 5 year Full X | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |
| | | 5 year Full | |

Please fax this signed release form to 1-866-516-8341

For Softech Use Only: