



State Of Alaska Department of Corrections

Request for Offender Photograph

Send completed forms to:

DOC, Victim Services
550 W 7th Ave Suite 601
Anchorage AK 99501

FAX: (907) 269-7382
E-MAIL: michael.ramsay@alaska.gov

Offender Information

Last Name First Name Middle Initial
Offender ID# Case Number:

Offense:

Reason for Request:

By requesting this photo, I acknowledge that I meet the definitions of a victim as described in AS 12.55.185(19).

Requestor Information

Last Name First Name Middle Initial
Phone Number Alternate Phone
Mailing Address City State Zip Code
Email Address

Requestor Signature _____

Date