



# 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  
EMAIL: [gail.brimner@alaska.gov](mailto:gail.brimner@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