



Inmate Release Identification

FAX THIS FORM TO: Alaska Division of Motor Vehicles 1-907-269-3774

Last Name: _____ First Name: _____ Full Middle Name: _____

Social Security Number: _____ Date of Birth: _____

Previous Names (maiden name/court ordered name change/alias/nickname/marriage) _____

Residence Address: _____

City: _____ State: _____ ZIP: _____

City/State of Birth: _____ Country: _____

| ----PHOTO---- | Other Information |
|---------------|-------------------|
| | DOB: _____ |
| | Gender: _____ |
| | Weight: _____ |
| | Height: _____ |
| | Hair Color: _____ |
| | Eye Color: _____ |

Inmate Signature: _____

Prisoner must take a copy of this form to the DMV, with photo ID, for AK photo ID.

*******Do not return to the institution for copies or faxes.*******

Releasing Official Signature: _____

Print Name: _____ Title: _____

Date: ___/___/___ Valid for 30 days from issue date with prison ID card for dup/renewal of existing ID.

- **Submit billings through the IRIS Financial System using the ITI process to:**
 - o Department of Corrections / Juneau Central Office,
 - o ITA will process under ID # 310233
 - o (please attach this form to the ITI transaction)
 - o For billing/payment questions please contact: Accountant IV @ 907-465-8166
- **Identify the type of state identification issued:**
 - o State ID only / State ID with Alcohol Restrictions applied