STATE OF ALASKA **DEPARTMENT OF CORRECTIONS**

ADULT PROBATION and PAROLE

TRAVEL PERMIT

Date: _____ Parole Expires: _____ Probation Expires: _____
Name: _____ Case No(s): _____

Personal Information: DOB: _____ Race: _____ Sex: _____
Hair: _____ Eyes: _____ Height: _____

Name, Address and Telephone Number of Destination: _____
_____
_____
Purpose of Trip: _____
Date Leaving: _____ Date Returning: _____
Accompanied by: _____ Relationship: _____
Method of Travel: _____
Vehicle License Number (if applicable): _____
Offense(s): _____

Past History:	Crimes Against Person	Yes	No
	Sexual Assault	Yes	No
Sex Offender Registration Required with Destination State		Yes	No

Special Instructions (if any): _____
_____
_____
Report back or call Probation Officer by: _____

I, the undersigned, being given permission to go to the above location(s), do understand that I am to travel only to the location(s) listed above. I understand I must contact my Probation/Parole Officer no later than the next working day upon my return to my area of residence. I further understand that failure to comply with all the conditions of my probation/parole. In the event should I be arrested in another state, I hereby waive extradition from any state in the United States, and I also agree that I will not contest any effort to return me to the State of Alaska.

_____ _____
Probationer/Parolee Date

Approved by: _____
Probation/Parole Officer
Office Name
Street
City, State, Zip Code
Telephone: (907)
Fax: (907)