



State Of Alaska Department of Corrections

Send completed forms to:

DOC, Victim Services
800 A Street
Anchorage, AK 99501

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

Request for Offender Photograph

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