# Alaskan General Insurance Agency, LLC

## DRIVERS RECORD RELEASE FORM

Insured's Name_____Policy #_____

| Employees Name | D.O.B. | A.D.L # | Signature |
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By affixing your signature in the space provided, each individual so listed hereby authorizes the Dept. of Public Safety, Division of Motor Vehicles, to release his/her driving record to Alaskan General Insurance Agency.