

Wrangell Public Schools
Human Resources Office
P.O. Box 2319
Wrangell, AK 99929-2319
907-874-2347

Driving Record Release Form

Name of Applicant (as shown on driver's license)

I, the applicant named above, do hereby authorize the Department of Public Safety, Division of Financial Responsibility and Motor Vehicle Records to furnish my driving record and the driving record of any person named on my application for insurance, to the _____.
(Name of Insurance Co. or Program)

and/or
Petersburg-Wrangell Insurance, PO Box 529, Petersburg, Alaska 99833

Driver's License Number: _____ **State:** _____

Insured's Social Security Number: _____ **Date of Birth** _____

Signature of Applicant or Driver **Date** _____