



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Request For Clearance Form:

Date: _____

Applicant Name:

_____ DOB: _____
Last First M.I.

ADL #: _____ SSN: _____ Contact Number: _____

Place of Employment: _____

What services will you be providing? _____

Staff member requesting this check: _____

Other states applicant has resided in and the dates: _____

Criminal history (Including the state offense occurred in):

Does applicant have any relatives or acquaintances presently incarcerated or under the Department of Correction's supervision? _____ If yes, state the person's name and location: _____

Time frame clearance is being requested for: Start Date: _____
End Date: _____ (Max 1 year)

Signature of applicant: _____ Date: _____

Department Use Only

APSIN/WANTS: Clear: _____ WANTS: _____ See attached: _____

NCIC/WANTS: Clear: _____ WANTS: _____ See attached: _____

Criminal History Check (AK): No Record Found: _____ See attached: _____

Criminal History Check (Other): No Record: _____ See attached: _____

Background check performed by: _____ Date: _____

Superintendent or Designee

Request granted: _____ Request denied: _____

Reason for denial: _____

Approved by: _____

Signature of Approver: _____ Date: _____