

**STATE OF ALASKA**  
**DEPARTMENT OF PUBLIC SAFETY**  
**REQUEST TO REVIEW OR CORRECT INFORMATION ON THE**  
**SEX OFFENDER REGISTRY**

Completed forms must be sent to:  
Sex Offender Registration Office  
5700 East Tudor Road, Anchorage, AK 99507  
Telephone: (907) 269-0397 Fax: (907) 269-0394

In accordance with 13 AAC 09.025 and 13 AAC 09.060, this form is provided to request a review or correction of information maintained in the Sex Offender Registry required in 18.65.087(d). Explain your request on the form below. Use additional pages if necessary or attach a separate written request. You will receive a response in writing within 30 days of receipt of the request. An adverse response may be appealed to the Commissioner of the Department of Public Safety within 30 days. The appeal must be in writing and must clearly define the reasons for an appeal. The commissioner will respond within 45 days after receipt of the appeal. An appeal does not waive the requirement to register.

*To be completed by the offender:*

**Offender Information**

**Court Case Information**

Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip code: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Court Case #: \_\_\_\_\_  
Court Location: \_\_\_\_\_  
Conviction Charge: \_\_\_\_\_  
Statute/Ordinance: \_\_\_\_\_  
Count or Charge #: \_\_\_\_\_  
Conviction Date: \_\_\_\_\_

**Information on the registry that requires review or is incorrect (documentation must be provided):**

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***Unsworn Falsification Statement***

*I certify under penalty of unsworn falsification (AS 11.56.210) the information I am supplying for this request is true and correct.*

Offender Signature

Date