

STATE OF ALASKA - DIVISION OF MOTOR VEHICLES

WITHDRAWAL OF PARENTAL CONSENT

Name of Minor		Permit/License Number
Date of Birth		Issue Date of Permit/License
Name of Parent/Legal Guardian Withdrawing Consent		License Number
Address		Daytime Telephone Number ()
City	State	Zip Code

I signed the original Parental Consent form for the minor shown above and I no longer wish to assume financial responsibility for him/her. I withdraw my consent and request cancellation of his/her permit/license. I understand that in order for the minor to obtain a permit/license at a later date, s/he must either reach the age of 18, or another consent must be completed in full and submitted to the Division of Motor Vehicles.

(SEAL)

Signature

Date

Subscribed And Sworn To Before Me This _____ day of

_____, 20_____
Month Year

Notary or DMV Representative (LOGIN ID & Office Number)

My Commission Expires

MAIL TO THE ADDRESS SHOWN BELOW OR DELIVER TO ANY DMV LOCATION
STATE OF ALASKA / DIVISION OF MOTOR VEHICLES / 4001 Ingra Street, Suite 101 / Anchorage, AK 99503