## 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	Month	, <u>20</u> Year			
Notary or DMV Representative (LOGIN ID & Office Number)	_	My Commission Expires				
MAIL TO THE ADDRESS SHOWN BELOW OR DELIVER TO ANY DWV LOCATION						

STATE OF ALASKA / DIVISION OF MOTOR VEHICLES / 4001 Ingra Street, Suite 101 / Anchorage, AK 99503

Alaska.gov/dmv

E-mail: DOA.DMV.ADS@Alaska.gov