

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 & Office Location)	My Commission Expires _____

MAIL TO THE ADDRESS SHOWN BELOW OR DELIVER TO ANY DMV LOCATION

STATE OF ALASKA / DIVISION OF MOTOR VEHICLES / PO BOX 110221 / JUNEAU AK 99811-0221

Form 424 (Rev. 10/2009)

Alaska.gov/dmv**E-mail: DOA.DMV.JDL@Alaska.gov**

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