

## 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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