## 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 sho him/her. I withdraw my consent and request cancellation of h a permit/license at a later date, s/he must either reach the age the Division of Motor Vehicles.	is/her permit/lice	ense. I understand	that in order for the minor to obtain
Signature	Date		<del>_</del>
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Subscribed And Sworn To Before Me This day	Month	, <u>20</u> Year	_
Notary or DMV Representative (LOGIN & Office Location)	My Commi	ssion Expires	_
MAIL TO THE ADDRESS SHOWN B	ELOW OR DELIVE	ER TO ANY DMV LOCA	ATION
STATE OF ALASKA / DIVISION OF MOTOR VEHICL			11-0221
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MAIL TO THE ADDRESS SHOWN BELOW OR DELIVER TO ANY DMV LOCATION

STATE OF ALASKA / DIVISION OF MOTOR VEHICLES / P.O. BOX 110221 / JUNEAU AK 99811-0221

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