

## 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 / 1300 West Benson suite 100 / Anchorage, AK 995036-3689