

# Anchorage Police Department Consent and Release Form - Adult

(use this form if you are requesting records pertaining to yourself)

## Instructions:

1. **Download file to your computer.**
2. Open the file in Adobe Acrobat.\*
3. Fill out form and sign.
4. Save completed file to your computer using the Save Button on the last page of the form.
5. Attach completed form to your request in the APD Public Records Center.

\*Adobe Acrobat is a free program that allows you to view, print, sign and share PDF files. For more information and to download visit: <http://acrobat.adobe.com>

**Consent and Authorization to Release Unredacted Police Record(s)  
Pertaining to an Adult (self)**

Requestor's name: \_\_\_\_\_

Requestor's date of birth: \_\_\_\_\_

APD Case number: \_\_\_\_\_

I am requesting police records that pertain to contacts between me and the Anchorage Police Department (APD).

I recognize that under state and municipal law, including but not limited to Alaska Statutes 12.61.110 and 12.61.140 and Anchorage Municipal Code 3.90.020, APD is required to redact personal information for victims, witnesses and defendants involved in criminal proceedings to protect their privacy.

I understand this release is valid for the specific report(s) stated above and for this request only.

I knowingly waive the right and request unredacted reports with regards to my personal information.

I understand that APD may redact private information of other individuals.

I understand this release is valid for the specific report(s) stated above and for this request only.

I indemnify and hold harmless the Anchorage Police Department and the Municipality of Anchorage for releasing unredacted records. I recognize the Anchorage Police Department relinquishes all control of the records once they are released to me. I take full responsibility for these records with unredacted information, and for whatever happens to them after Anchorage Police Department provides them to me. If I provide these records to a court, government agency, or other party, I recognize that they may become part of the public record.

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Contact number: \_\_\_\_\_