



Alaska EXCEL Sessions

2025-2026 Application

Please return completed applications to your Principal or scan and email them to apply@excelalaska.org

Student Information

Name: _____
(First) (MI) (Last)

Gender (Check Box): ☐ Male ☐ Female Date of Birth: _____ (mm/dd/yyyy) Current Age: _____

Ethnicity (Check all that apply): White ☐ African/American ☐ Hispanic ☐ Asian ☐
American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐

Mailing address: _____
P.O. Box Village/City State Zip Code

Physical address: _____
House Number and Street Village/City State Zip Code

Personal email address: _____

School email address: _____

Grade level: _____ School name: _____

Student phone number: _____ Student social security number: _____
xxx-xx-xxxx

Emergency contact information (parent or guardian)

Name: _____ Home/Cell phone: _____

Relationship to student: _____ Work phone: _____

Put a number in the box. 1 is your biggest interest 7 is your least interest.

1. ☐ Aviation Ground School
2. ☐ Aviation Maintenance
3. ☐ Small Engine Repair/Outboard Motors
4. ☐ Welding
5. ☐ Paramedicine/Firefighter 1
6. ☐ Advanced Photography
7. ☐ Public Safety

Check all below that apply:

- ☐ I have a State ID card
- ☐ I have an AK Driver's Permit
- ☐ I have an AK Driver's License
- ☐ I have a Tribal ID Card
- ☐ I have an original Social Security (not laminated)
- ☐ I have an original Birth Certificate
- ☐ I am NCCER Core Certified

NCCER Card # _____

List jobs or careers you would like to learn about:

1. _____
2. _____
3. _____

List the colleges or training programs you would like to learn about:

1. _____
2. _____
3. _____



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Teacher recommendations – please have 2 teachers/principal recommend you for the EXCEL session.

Initial Student Recommendations and Contract

I believe this student would be a good candidate for this EXCEL session and would benefit from participation in this experience. This student would also represent themselves, our school, and our district well through their effort, respect, and good behavior.

Teacher/staff signature: _____ Date: _____
Teacher/staff signature: _____ Date: _____
Principal/staff signature: _____ Date: _____

Please check any of the below which applies to the student applicant (this information will be kept confidential):

Student has a disability _____ Student has an IEP _____ Student has a 504 plan _____ NA _____

Read and initial: General camp/session expectations – Student Contract:

I understand I will be missing important class instruction while attending EXCEL Camp and I am responsible for maintaining passing grades in my regular classes before and after the session experience. (Including all classwork and homework)

☐ I will follow all rules of my district, Alaska EXCEL, and listen to the EXCEL staff.

☐ I will fully participate in all learning activities and required session activities.

☐ I understand I could be traveling to Anchorage, Seward, Soldotna, Palmer, or other locations to be determined depending on the session.

☐ I understand (ages 16-18+) at times I will not be in direct supervision with a chaperone and I am still responsible to follow all district and Alaska EXCEL's rules and expectations.

Student and Parent Consent

Student applicant and guardian read and agree to the above student contract:

Applicant signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____

PARENTS/GUARDIANS, IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE NUMBER BELOW.

Contact number while student is attending Alaska EXCEL: 907-222-0798

At Alaska EXCEL we offer tobacco quitting aids to students that struggle with tobacco use. Your signature below indicates your consent for Alaska EXCEL staff to provide your child/young adult tobacco quitting aids.

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Name (Signature): _____ Date: _____



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Please attach another page or attach your typed response:

As a student interested in attending an EXCEL program, what are your future education and career plans? Please be specific.

Please explain why you want to participate in an EXCEL session. What do you hope to learn and experience? How will this experience help you reach your high school and after-graduation goals?

Please explain why you should be chosen to participate. What makes you an excellent student candidate to participate? How will you contribute to the EXCEL session?



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Teacher or counselor scoring guide for student: Please give the student an accurate score. The score will NOT keep a student from attending, rather it will help EXCEL staff in working with the student.

| | (1) Limited effort | (2) Developing | (3) Proficient | (4) Advanced |
|-----------------------------------|---|--|--|---|
| Communication & Life-skills | <input type="checkbox"/> Does not take on personal responsibility in most cases and depends on others. <input type="checkbox"/> Has difficulty in any leadership capacity. <input type="checkbox"/> Actions show a lack of communication skills as well as a lack of understand of their importance. | <input type="checkbox"/> Demonstrates personal responsibility inconsistently. <input type="checkbox"/> Is hesitant to be prompted to complete tasks. <input type="checkbox"/> Applies communication and etiquette skills in some settings. | <input type="checkbox"/> Displays personal responsibility for successful daily living consistently. <input type="checkbox"/> Critiques leadership qualities in a variety of settings. <input type="checkbox"/> Demonstrates effective communication and etiquette skills in class. | <input type="checkbox"/> Encourages others in positive ways to take on responsibility. <input type="checkbox"/> Assists others in development of leadership skills. <input type="checkbox"/> Offers assistance to others without being asked. |
| Problem solving & decision making | <input type="checkbox"/> Experiences difficulties in dealing with change. <input type="checkbox"/> Does not recognize need for own time management. <input type="checkbox"/> Displays limited ability of time management, problem-solving, decision making, commitment, follow-through, and work ethic in the classroom and extracurricular events. | <input type="checkbox"/> Practices flexibility and adaptability, integrity, and resiliency inconsistently. <input type="checkbox"/> Has difficulty with consistency in time management, problem-solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Finds difficulty in dealing with stress. | <input type="checkbox"/> Demonstrates flexibility, adaptability, integrity, and resiliency (FAIR). <input type="checkbox"/> Practices time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events. <input type="checkbox"/> Recognizes strategies for stress management. | <input type="checkbox"/> Models flexibility, adaptability, integrity, and resiliency in words and actions. <input type="checkbox"/> Implements time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events on a consistent basis. <input type="checkbox"/> Manages stress and helps others. |
| Teamwork | <input type="checkbox"/> Demands constant prodding to participate with others. <input type="checkbox"/> Does not relate well with others. | <input type="checkbox"/> Participates in limited ways with some prompting in participating with others. <input type="checkbox"/> Has occasional difficulty with relationships. | <input type="checkbox"/> Demonstrates teamwork and healthy relationships when participating with others. <input type="checkbox"/> Assists others in need. | <input type="checkbox"/> Serves as a leader in developing teamwork and healthy relationships in class. <input type="checkbox"/> Fosters cooperation and accomplishment. |
| Goal-setting | <input type="checkbox"/> Does not recognize deadlines. Rarely sets own personal goals | <input type="checkbox"/> Makes and meets deadlines inconsistently. <input type="checkbox"/> Displays difficulty in setting personal goals and carrying through. | <input type="checkbox"/> Makes and meets deadlines. <input type="checkbox"/> Displays ability to set personal goals and carry through. | <input type="checkbox"/> Implements strategies to set and meet deadlines and goals, both individually and in class. |

Teacher name (print please)

Teacher signature



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Media Release Form

Dear Student and Parent/Guardian,

We may be recording (audio, video, and digital still photographs) teacher and student activities associated with, but not limited to the Alaska EXCEL programs. These recording may be used for educational and informational use in a variety of media from our website and newsletters, to the Alaska EXCEL videos we produce. All the recorded material is the property of Alaska EXCEL.

Please read the following guidelines and check the corresponding box if you agree/disagree:

1. I give permission for my son/daughter to participate in any audio tape recording, video recordings, and photography that may become part of materials or products possibly shared with other school districts and business partners.

2. I understand the intention of the recordings/photos and the purpose of the programs to be produced, as stated above.

☐ I agree to the guidelines listed above and give permission for my child to participate in any media recordings associated with or obtained by the Alaska EXCEL program.

☐ I disagree with the guidelines listed above and do not give permission for my child to participate in any media recordings associated with or obtained by Alaska EXCEL.

Student information:

Student printed name

Student signature

Date

Parent Information:

Parent printed name

Parent signature

Date



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Medical Consent Form

Student name: _____ Date: _____

Student birthdate: _____ Parent or guardian name: _____

PARENT/GUARDIAN PLEASE SIGN BOTTOM OF FORM

Home/cell telephone number

Medicaid number

Work telephone number

Medical insurance company

Emergency contact name and number

Group #

I, the legal guardian of _____, give my consent to emergency medical treatment, hospitalization or behavioral treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand every effort will be made to contact me before treatment, however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency. I also give consent to allow my child to receive the appropriate over-the-counter medication if needed.

I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in School District/EXCEL approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the group as a member of its out-of-town trips. I understand the Board of Education does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs/EXCEL. I also understand accident insurance coverage is my responsibility.

Please list any allergies your child has: _____

If you are not sending prescription medication, skip to the bottom of the form and please sign.

The following medication is required during school hours to improve or maintain the health of this student. The authorized EXCEL staff may contact me regarding this medication. I understand only one prescribed medication can be listed on this document. Multiple medication authorization forms can be submitted.

The above-named child should receive prescribed medication for the condition listed above.

Name of medication

Prescribed daily dosage

Time and dosage given at school

Beginning date

End date

Possible side effects

I, _____, request the prescribed medication listed above be given to my child named above.

- I understand only current medications will be given at Alaska EXCEL sessions and trained EXCEL staff will administer medication.
- I agree to defend and hold Alaska EXCEL employees harmless from any liability for the results of the listed medication or the manner in which it is administered, and to defend and indemnify Alaska EXCEL and its employees for any liability coming from these arrangements.
- I give permission for authorized Alaska EXCEL staff to contact the health provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand the authorized Alaska EXCEL staff may contact the health care provider or pharmacist regarding this medication.
- I understand this medication will be destroyed unless picked up by the end of the last student school day of this year (per federal DEA requirements)

DISCLAIMER: I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or and of its agents or employees, arising out of infectious diseases, including COVID-19, natural and/or accidental disasters, and/or medical treatment.

Signature of parent or guardian: _____ Date: _____



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Student Behavior & Expectations

To be reviewed, understood, and signed by all participants

What you should NOT "bring", "use" or "sell" at any Alaska EXCEL program:

- Alcohol, Controlled Substances or Drug Paraphernalia.
- Weapons, firearms, knives, or any object that poses danger to self and others.
- Tobacco Products. The Alaska EXCEL program does not allow the use of any type of tobacco product by students and staff. Our position on tobacco use is three-fold:
 - Use of tobacco is in direct opposition to Alaska EXCEL's philosophy of promoting personal wellness and healthy lifestyles.
 - Alaska State Statutes states it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue their use immediately.
 - We understand many students have and/or currently use tobacco products and are aware of the side effects associated withdrawal. Hard candy and gum will be provided to help curb any cravings. Consequences for use or possession or sale of alcohol, controlled substances, paraphernalia, weapons or tobacco products: A student found using or selling or in the possession of alcohol, controlled substances, tobacco products or weapons of any type, while attending Alaska EXCEL activities, will face immediate disciplinary actions, which may include immediate expulsion from the program, as well as possible legal action taken.

PROGRAM RULES

1. Between 10-11:00 p.m. (or as determined by staff) curfew -lights out, quiet, in bed.
2. After lights out you are not to leave your own floor until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff or the facilities will not be allowed.
6. No body piercing, hair dyeing, or tattoos while at Alaska EXCEL activities – How you come to EXCEL Alaska Sessions and Camps is how you leave Alaska EXCEL Sessions Camps!
7. No PDA's (public displays of affection)

I have read and understand these expectations and agree to abide by them during my stay with Alaska EXCEL. I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense. I also understand I may be subject to further discipline as outlined under my district's Student Decorum Code.

Student printed name

Student signature

Date

Parent printed name

Parent signature

Date



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Visitation Permission Form

ON-CAMPUS VISITS ONLY DURING SCHEDULED VISITATION HOURS (August-May)

Scheduled on-campus visitation occurs daily (time TBD) Sunday through Thursday. All visitors must:

- ✓ Sign in and be on the student's visitation permission form
- ✓ Show identification
- ✓ Stay within the set EXCEL Camp boundaries (campus boundaries)
- ✓ Not go into dorm rooms or private places.

WEEKEND CHECK-OUTS ARE LIMITED TO FAMILY MEMBERS (21 YEARS OR OLDER) ONLY and ONLY at Summer XL

Weekend checkouts may start at 5:00pm on Friday. Students must arrive and be signed back on to campus by 5:00pm on Sunday. In order to be checked out the visitor must:

- ✓ Be listed on the Visitation Permission Form as OK for weekend check-outs
- ✓ Be a mother, father, guardian, brother, sister, aunt, or uncle
- ✓ Be 21 years of age or older
- ✓ The checking the student out must be physically present in order to complete the checkout
- ✓ Show picture identification (Alaska Driver's License, State ID)

PARENT/GUARDIAN AGREEMENT:

I, _____, hereby give permission for the following adults, 21 years or older, to

Print Parent/Legal Guardian Name

visit my son/daughter _____ during EXCEL Summer Bridging Camp.

Print Student's Name

I have read the EXCEL Visitation Policy and support this process for allowing our friends and/or family to visit my child during the program.

X _____

Signature of Parent/Guardian

Date

STUDENT AGREEMENT:

I, _____, agree and would like the following friends and family members to visit with

Print Student's Name

me this summer while I attend Summer XL Camp. I have read the visitation policy and agree to abide by this policy during the entirety of the camp.

X _____

Signature of Student

Date

Friend/Family Name:

On-Campus

Off-Campus

- | | | |
|----------|--------|--------|
| 1. _____ | Yes/No | Yes/No |
| 2. _____ | Yes/No | Yes/No |
| 3. _____ | Yes/No | Yes/No |
| 4. _____ | Yes/No | Yes/No |
| 5. _____ | Yes/No | Yes/No |

Return this page



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Packing List

Things to bring

☐ **Your sense of Adventure and Desire to Learn!**

☐ **Full Winter Gear for travel between October and May**

Full gear means heavy jacket and snow pants or snow suit, hat, heavy gloves, winter boots

☐ **Casual clothes, enough for your stay**

Jeans/other long pants, t-shirts, long sleeved shirts, sweatshirts, socks, underwear and sleepwear

☐ **Athletic clothes**

Gym shoes, workout pants / shorts / top

☐ **Personal Hygiene Items**

Soap, deodorant, shampoo, toothbrush/paste, comb, etc.

☐ **Money for personal spending**

(Please, no more than a 100 dollar\$100.00 -- Give to EXCEL Staff to put in safe, EXCEL cannot replace missing money)

☐ **Swim wear**

Visits to the swimming pool is a common occurrence

☐ **Professional Clothes**

Nicer clothes (non-t-shirts, no printing on shirts). Pants not worn or faded or torn. Professional / Nice. (Only EXCEL 9-12 Sessions)

Other Things to Note:

- Electronics and headphones are acceptable as designated by the instructors. Cell phones may not be used during class or group activities.
- Cell phones/electronics may be checked in with the Alaska EXCEL staff during the school day and may be checked out during appropriate times.
- Alaska EXCEL is not responsible for lost or stolen items.

Keep This Page

Alaska EXCEL is Education for Life
Our values - student-centered, experience, relevance, loyalty

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

PARENT/GUARDIAN CONSENT FOR A MINOR

Pursuant to Alaska Statute 28.15.071, an application for a person under the age of 18 must be signed by a parent or legal guardian. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor vehicle. You may file a written request to cancel the license or permit.

The above applies until the minor reaches 18 years of age. Please complete in ink:

I, _____, hereby give my consent for
Parent's / Guardian's Name

_____ whose date of birth is _____ to obtain:
Applicant's Name

| <u>SELECT ONLY ONE</u> | <u>AGE</u> |
|--|-------------------|
| _____ Alaska Driver's Instruction Permit (Class IP)..... | (14 - 17) |
| _____ Alaska <u>Provisional</u> Driver's License (Class D)* | (16 - 17) |
| _____ Alaska Driver's License (Class D)** | (16 - 17) |
| _____ Alaska ATV & Snowmachine Driver's License (Class R)*** | (16 - 17) |

* Must have held a valid permit for the class of license applying for (IP for D or IM for M1) for at least 6 months with no violations.

** Must have held a valid Provisional license (D or M1) for 6 months with no violations or repeat minor consuming offense.

*** Must only operate on public roads in communities that allow operation through a local ordinance that conforms to AS 28.01.010(a).

NOTE: If applying for a motorcycle permit/license use Form 433M - Parent/Guardian Consent For A Minor For A Motor Driven Cycle

I agree to assume full financial responsibility for this individual until his/her 18th birthday. I understand that I may file a request to cancel the license/permit at any time.

To obtain a Provisional License, I certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow, ice, rain, darkness, etc.) for a total of 40 hours driving experience.

| | | |
|-----------------------------|----------------|---------------------------------|
| Parents Driver's License #: | Issuing State: | Your Relationship to Applicant: |
|-----------------------------|----------------|---------------------------------|

| |
|-----------------------|
| Your Mailing Address: |
|-----------------------|

| | |
|-------|-------|
| Email | Phone |
|-------|-------|

| |
|------------|
| Signature: |
|------------|

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public or DMV Representative (LOGIN ID & Office Number) AMVC _____ / Office # _____
My Commission Expires:

Provisional License Information and Restrictions

A person under the age of 18 is required to have a provisional license for a minimum of six (6) months before a regular license can be issued. The provisional license must be the same class as the regular license you are applying for. (D or M1) The applicant cannot have been convicted of a traffic law in the six months prior to application. The following restrictions apply to a provisional license:

- 1) Applicant may not carry passengers under the age of 21, with the exception of siblings or a legal guardian.
- 2) May not operate a motor vehicle between 1:00 a.m. and 5:00 a.m., unless:
 - accompanied by a licensed driver age 21 or above.
 - driving to or from their place of employment along the most direct route.

To obtain a regular license, the applicant cannot have been convicted of a traffic law or repeat minor consuming revocation in the six (6) months prior to application for a regular license.

Notes: Passenger and curfew hours do not apply to a license with an off-highway restriction.

When the driver reaches age 18, the restrictions for the provisional license no longer apply. Obtaining a regular license is optional.

If parent not present at DMV form must have the parents signature notarized.

STANDARD

(Federal Limits Apply)

☒ Checklist

- All documents presented must be:**
- ✓ Unaltered certified originals
 - ✓ Certified amended originals
 - ✓ True copies certified by the issuing agency
 - ✓ Valid and unexpired

Foreign documents must have certified English translation (DMV Form COFAT.PDF).



For your first Alaska credential U.S. Citizens, Permanent Residents, Temporary Resident with Lawful Status in the U.S. need the following documents:

| A | B | C | |
|---|--|---|--|
| Identity & Lawful Status <ul style="list-style-type: none"> <input type="checkbox"/> U.S. passport or passport card <input type="checkbox"/> Certified copy of U.S birth certificate (issued by a city, county, or state vital statistics office; <u>not</u> issued by a hospital) <input type="checkbox"/> Certificate of Naturalization or Certificate of U.S. Citizenship <input type="checkbox"/> Birth certificate from a U.S. Territory. Puerto Rico birth certificates issued on or after July 1, 2010 <input type="checkbox"/> Consular Report of Birth Abroad of U.S. Citizen <input type="checkbox"/> Foreign passport with valid U.S. Visa and approved I-94 form <input type="checkbox"/> I-551 Resident Alien / Permanent Resident Card <input type="checkbox"/> I-766 Employment Authorization Document Card | Social Security Number <ul style="list-style-type: none"> <input type="checkbox"/> Your complete SSN written on the application <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am ineligible for a social security number. A verification letter from the SSA issued within the last 90 days will be required | Residential Address <ul style="list-style-type: none"> • One document is required containing your first and last name and current residence address. • Account numbers and balances may be redacted. | Name Change <ul style="list-style-type: none"> • Do the names on your column A and C Documents match? • If <u>not</u>, provide one or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Adoption documents that contain the legal name as a result of the adoption <input type="checkbox"/> Court Certificate of document that contains the legal name both before and after the name change <input type="checkbox"/> Marriage certificate <input type="checkbox"/> A certificate, declaration, or registration document verifying the formation of a civil union or domestic partnership <input type="checkbox"/> Certified Divorce Decree, Dissolution of marriage/civil union/domestic partnership document that contains the legal name as a result of the court action <input type="checkbox"/> Amended Birth Certificate <input type="checkbox"/> Certificate of Naturalization/ Certificate of Name Change <input type="checkbox"/> Certified Court Order That Contains all previous and current Names, and Date of Birth. |
| Identity & Lawful Status <ul style="list-style-type: none"> <input type="checkbox"/> U.S. passport or passport card <input type="checkbox"/> Certified copy of U.S birth certificate (issued by a city, county, or state vital statistics office; <u>not</u> issued by a hospital) <input type="checkbox"/> Certificate of Naturalization or Certificate of U.S. Citizenship <input type="checkbox"/> Birth certificate from a U.S. Territory. Puerto Rico birth certificates issued on or after July 1, 2010 <input type="checkbox"/> Consular Report of Birth Abroad of U.S. Citizen <input type="checkbox"/> Foreign passport with valid U.S. Visa and approved I-94 form <input type="checkbox"/> I-551 Resident Alien / Permanent Resident Card <input type="checkbox"/> I-766 Employment Authorization Document Card | Social Security Number <ul style="list-style-type: none"> <input type="checkbox"/> Your complete SSN written on the application <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am ineligible for a social security number. A verification letter from the SSA issued within the last 90 days will be required | Residential Address <ul style="list-style-type: none"> <input type="checkbox"/> Rental or Lease Agreement with The Signature of The Owner/Landlord and The Tenant/Resident <input type="checkbox"/> Deed or Title to Residential Real Property <input type="checkbox"/> Mortgage Document <input type="checkbox"/> Home Utility Bills (Including Cellular Phone) <input type="checkbox"/> Employment Documents <input type="checkbox"/> Insurance Documents, Including Medical, Dental, Vision, Life, Home, Rental and Vehicle <input type="checkbox"/> Government Issued Tax Document <input type="checkbox"/> Financial Institution/Bank Statement <input type="checkbox"/> Voter Registration Confirmation Letter or Postcard Issued by The Alaska Division of Elections <input type="checkbox"/> Proof of Payment of Resident Tuition at A Public Institution of Higher Education in Alaska <input type="checkbox"/> A Letter on Letterhead from A Homeless Shelter, Shelter for Abused Women, Nonprofit Entity, Faith-Based Organization, Employer or Government Agency Within the United States Attesting That the Applicant Resides in Alaska <input type="checkbox"/> Alaska Certificate of Vehicle Titles or Registration (Issued At Least 30 Days Prior To The Date of Application) <input type="checkbox"/> Change of Address Confirmation by The U.S.P.S. <input type="checkbox"/> 1st Class Mail with Postmark (Mail May Be Handwritten) <input type="checkbox"/> Alaska Tribal Card (For Non-Standard Remote Alaska Addresses Only. Within the Tribal Area Indicated on The Card) <input type="checkbox"/> At DMV's Discretion Other Documents May Be Accepted. Please Contact 907-269-5551 For Assistance | Name Change <ul style="list-style-type: none"> • Do the names on your column A and C Documents match? • If <u>not</u>, provide one or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Adoption documents that contain the legal name as a result of the adoption <input type="checkbox"/> Court Certificate of document that contains the legal name both before and after the name change <input type="checkbox"/> Marriage certificate <input type="checkbox"/> A certificate, declaration, or registration document verifying the formation of a civil union or domestic partnership <input type="checkbox"/> Certified Divorce Decree, Dissolution of marriage/civil union/domestic partnership document that contains the legal name as a result of the court action <input type="checkbox"/> Amended Birth Certificate <input type="checkbox"/> Certificate of Naturalization/ Certificate of Name Change <input type="checkbox"/> Certified Court Order That Contains all previous and current Names, and Date of Birth. |

On May 3, 2023, U.S. travelers must present a federally compliant identification credential to board domestic flights and access certain federal facilities.



(Federally Compliant)

☒ Checklist

All documents presented must be:

- ✓ Unaltered certified originals
- ✓ Certified amended originals
- ✓ True copies certified by the issuing agency
- ✓ Valid and unexpired

Foreign documents must have certified English translation (DMV Form COFAT.PDF).



For your first Alaska Real ID credential U.S. Citizens, Permanent Residents, Temporary Resident with Lawful Status in the U.S. need the following documents:

| A | B | C | |
|--|-------------------------------|----------------------------|--------------------|
| Identity & Lawful Status | Social Security Number | Residential Address | Name Change |
| <div><input type="checkbox"/> U.S. passport or passport card</div> <div><input type="checkbox"/> Certified copy of U.S birth certificate (issued by a city, county, or state vital statistics office; <u>not</u> issued by a hospital)</div> <div><input type="checkbox"/> Certificate of Naturalization or Certificate of U.S. Citizenship</div> <div><input type="checkbox"/> Birth certificate from a U.S. Territory. Puerto Rico birth certificates issued on or after July 1, 2010</div> <div><input type="checkbox"/> Consular Report of Birth Abroad of U.S. Citizen</div> <div><input type="checkbox"/> Foreign passport with valid U.S. Visa and approved I-94 form</div> <div><input type="checkbox"/> I-551 Resident Alien / Permanent Resident Card</div> <div><input type="checkbox"/> I-766 Employment Authorization Document Card</div> | | | |