REQUEST FOR CONVICTION RECORDS-EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information is released to:

Kentucky Commissioner of Education, Frankfort, KY 40601

Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (Please Print)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: ____RACE: ____DATE OF BIRTH: _____SOC SEC NO: _____

_____ _____
Signature Date Witness Date

INSTRUCTIONS:

Make sure all application information is complete and correct.

Return this form along with application to:

Kentucky Department of Education
Commissioner of Education
300 Sower Blvd, 5th Floor
Frankfort, KY 40601