

## 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	
<u>INSTRUCTIONS:</u>				
Make sure all appli	cation information is co	mplete and corr	ect.	
Return this form along with application to:		Kentucky Department of Education Commissioner of Education 300 Sower Blvd, 5 <sup>th</sup> Floor		

Frankfort, KY 40601