

FOR OFFICIAL USE ONLY

KENTUCKY

REQUIRED FORMS

- Kentucky Request Form
- OPM General Release Form

INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Kentucky Request Form. This form is required to search the Kentucky State Criminal Repository and fulfill the requirements of Public Law 101-647.

REQUIRED FIELDS

- Please ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state repository

SIGNATURE REQUIREMENTS

- Subject is required to date and sign the request form in front of a witness.
- **The date of the witness must correspond with the subject's date.**
 - *If dates differ, subject will be asked to complete another form*

*****IF THE SUBJECT IS A MINOR, WRITTEN PARENTAL CONSENT FOR THE CRIMINAL RECORDS CHECK MUST BE PROVIDED. ANY WRITTEN CONSENT FROM THE PARENT(S) WILL BE SUFFICIENT.*****

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	



**To be completed by Subject
(in presence of Witness)**



**To be completed by
Witness**

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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 shall be released to:

Defense Counterintelligence and Security Agency (DCSA) PO Box 618, Boyers PA 16018
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:

Requesting agencies/organizations should ensure that all application information is completed.

Requesting agencies/organizations should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>