

## **KENTUCKY**

- Ensure **ALL** fields on form is complete including the following:
  - Full name
  - Maiden (Put none or N/A here if applicable)
  - Current address including City, State, and Zip Code
  - Sex, Race, DOB, SSN
- Date of witness signature **MUST** correspond with the Subject's signature date

### **KENTUCKY REQUIREMENTS:**

- Kentucky Request Form
- OPM General Release (if applicable)



### 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>