# 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:

Office of Licensure & Accreditation; 700 Governors Dr, Pierre, SD 57501

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
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ http:\\kentuckystatepolice.org

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