

## REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for a information system rega	my record of conv ording the person ide	riction found in the file entified herein. This info	s of the Kentuc mation shall be r	ky centralized eleased to:	criminal history record
Agency/Organization Na	ame and Address	The state of the s		and a state of the desire of the state of th	
ACKNOWLEDGMENT	BY APPLICANT				
found in the files of the inspect my criminal hist	<ul> <li>Kentucky centralistory record and to retain the Kentucky State</li> </ul>	lice provide the above no zed criminal history reco equest correction of any police and any Kentuck information.	ord information s inaccurate inform	ystem. I know nation. If I do	that I have the right to not exercise that right I
APPLICANT INFORM	ATION (PLEASE 1	PRINT)			
	•	,			
NAME:		•			
First	Middle	Last	·	Maiden	
ADDRESS:					
Street	·	City		State	Zip
					znp
SEX:RACE:	DATE OF B	IRTH:	SOC SEC NO:		
Signature	Date		Witness	· · · · · · · · · · · · · · · · · · ·	Date
INICTOLICTIONIC.	· ·				
INSTRUCTIONS:		· · · · · · · · · · · · · · · · · · ·			
Requesting agencies/org	ganizations should	ensure that all applicati	on information	is completed.	
in the amount of \$20.00 envelopes — one bearing address of the applicant.	0 for each submitte t the name and add	orward a check or money ed form. Requests shoul ress of the requesting ag 25.00 fee on each return	d be accompanio ency/organizatio	ed by two, self	f -addressed stamped
RETURN THIS FORM	TO.	Vantaslas Ctata Dal'			
RETURN THIS FORM	. 10:	Kentucky State Police Criminal Identifications and Records Branch			
		Criminal Records Dissemination Section			
•		1266 Louisville Roa			
		Frankfort, KY 4060	1		
		Visit us online @ ht	tp:\\kentuckystate	police.org	

Revised 10/08