



KENTUCKY STATE POLICE
CRIMINAL HISTORY INFORMATION REVIEW REQUEST
(Type or Print, except Signatures)

Name of Requesting Person *(Last/First/Middle/Maiden)*

Address *Street* *City* *State* *Zip Code*

Male Female Social Security # _____ Birth Date _____

I am requesting that the Kentucky State Police release to me a copy of any record found in the Kentucky centralized criminal history record information system concerning me. I know that I have the right 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 of its employees from any claim for damages arising from the dissemination of inaccurate information.

Signature of Requesting Person Date of Signature

INSTRUCTIONS:

Return the completed form to the address listed below with a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00**. Requests should be accompanied by a self-addressed stamped envelope. A copy of your record contained in the centralized criminal history record information system will be returned to you.

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>