



Andy Beshear  
GOVERNOR

JUSTICE AND PUBLIC SAFETY CABINET  
DEPARTMENT OF CORRECTIONS

P.O. Box 2400  
Frankfort, Kentucky 40602

Keith L. Jackson  
SECRETARY

Cookie Crews  
COMMISSIONER

For Use only by KY Department of Corrections

**STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS**

In accordance with State and Federal Law (KRS 160.700; KRS 160.720 and Family Educational Rights and Privacy Act 1974)

**I consent to the release of information from my educational records:**

**Purpose for release:** Assist me in attaining my educational goals

**Records to be released:**  High School Transcript  Other: \_\_\_\_\_

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DOC Number: \_\_\_\_\_

Current Location (Jail name, Prison, etc.): \_\_\_\_\_

Name and address of last High School or Educational Institution attended:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Last Grade completed: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This consent form expires one year from the date of student signature.*

**PLEASE EMAIL OR MAIL A COPY OF THIS FORM AND THE REQUESTED INFORMATION TO:**

Division of Education  
PO Box 2400  
Frankfort, Ky. 40602

Email Address: [edu.verification@ky.gov](mailto:edu.verification@ky.gov)  
FAX: 502-564-9910