



Andy Beshear
GOVERNOR

JUSTICE AND PUBLIC SAFETY CABINET
DEPARTMENT OF CORRECTIONS

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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
FAX: 502-564-9910