Kentucky Justice & Public Safety Cabinet
DEPARTMENT OF CRIMINAL JUSTICE TRAINING

TRANSCRIPT REQUEST

NOTE:	**Agencies requesting transcripts for all personnel should submit names and Social Security numbers on Department letterhead.**

Please Print

NAME: _____ _____ _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
(if applicable) Street or Box

_____
City, State, Zip Code

I, the undersigned, do authorize the Department of Criminal Justice Training to release to me a copy of my transcript.

_____ _____
Signature Date

☐ I Will Pick Up ☐ Mail To Address Above ☐ Fax to: ☐

MAIL REQUEST TO:

Registration Section
Dept. of Criminal Justice Training
Funderburk Bldg., EKU
521 Lancaster Ave.
Richmond, KY 40475-3102

Or FAX REQUEST TO: (859) 622-2740

For Office Use Only

Completed Date _____ Initial _____

DOCJT Form #100 (9/8/04)