

THVC VOLUNTEER KENTUCKY BACKGROUND CHECK REQUEST

ADMINISTRATIVE OFFICE OF THE COURTS

RECORDS UNIT

1001 VANDALAY DRIVE

FRANKFORT, KENTUCKY 40601

PLEASE **PRINT** THE INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME (S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIPCODE:

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

Signature _____

Date _____