**Justice and Public Safety Cabinet**

**Kentucky Law Enforcement Council**

**TRANSCRIPT REQUEST**

|  |  |  |  |  |  |
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| NAME: |  |  |  |  |  |
| (Please print) | Last |  | First |  | Middle |

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| Social Security Number |  | DOB |

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| Signature |  | Date |

By signing above, I authorize the Kentucky Law Enforcement Council to release my academic information and agree to any and all conditions outlined on this request form.

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| ADDRESS: |  | |  | | | |  | |  | | |
|  | Street or PO Box | | | City | | | | State | | Zip | |
|  | |  | | | |  | | | | | |
| Email | |  | | | | Daytime Telephone | | | | | |
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| Other name(s) used on records | |  | | |  | | | | | |

I am requesting  official copy(s) of my transcript:   
 Quantity

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| For Pickup |  | To be emailed |  | To be mailed |

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*\*\*(To be filled out if different from student. If transcript is to be sent to more than one address, please use additional forms)*

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Requests may be mailed, faxed or emailed as indicated below

**Kentucky Law Enforcement Council**

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