

Criminal Records Release Authorization

**YOUTH LEADER REQUEST
PURSUANT TO [KRS 17.160](#)**

Organization: _____
Address: _____
Contact Person: _____
Phone Number: _____
Tax Exempt Number: _____

Administrative Office of the Courts
Pretrial Services
100 Mill Creek Park
Frankfort, Kentucky 40601
(800) 928-6381

The records requested will be returned to the mailing address on the postage paid self-addressed return envelope. **A separate addressed envelope on each person is required.** If you have any questions, please contact Pretrial Services at (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY

Social Security Number: _____
Date of Birth: _____
Full Name: _____
Maiden or Alias Names: _____
Street Address/P.O. Box: _____
City, State, Zip Code: _____

Review/Revised:11/10/2003