

BACKGROUND CHECK PROCEDURE MINORS – FORM B

This type of background check does not require fingerprints and is submitted only to the Kentucky State Police (KSP). The FBI is not involved with this type of background check.

School personnel will give each applicant the KSP **FORM-B** ‘**Request For Conviction Records/Minors**’. The applicant must complete and sign this form and it **must** contain a witness signature. School personnel can be considered a witness. The school or organization is the **Diocese of Lexington**.

- 1) **School shall send the completed FORM-B to the Risk Management Office.** The Catholic Schools Office will send the form to the Kentucky State Police in Frankfort for processing.

- 2) The Diocese of Lexington Catholic Schools Office has an account with the KSP. This account is charged a standard processing fee, as determined by the KSP, for the processed Background Check. The Catholic Schools Office will bill the applicant’s school for the related fee for the processing of the background check.

- 3) The completed Background Check Report is received at the Catholic Schools Office via the U.S. Mail and becomes the property of the Catholic Schools Office. The Superintendent of Schools reviews this report and will notify the school principal of any abnormalities. The result reports will be mailed to the applicant’s school for filing in their personnel folder.



REQUEST FOR CONVICTION RECORDS/ MINORS

Pursuant to KRS 17.160, request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

 DIocese of Lexington 1310 W Main St Lexington KY 40508-2048
Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment or a volunteer position with the above named organization involving supervisory or disciplinary power over a minor. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>