Date Received:	
Date Processed: Processed By:	

For Official Use Only

KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS 500 Mero Street, 2SC32 Frankfort, KY 40601

ĭ	KV	License No	•	hereby authorize the		
I,(PRINT FULL NAME)	, 13.1	License 140		, nercoy au	morize me	
Kentucky Board of Registration for Profes	ssional Geologists	to furnish a c	opy of my ASE	OC examinat	tion records as	
follows:						
(1) Select all examination scores or rec	ords you wish to l	be released)				
☐ Fundamentals of Geology Examination						
☐ Practice of Geology Examination						
(2) Name of board, agency,	or individual	to whom	the record	ls shall l	be released:	
(3) Board/Agency/Individual's	E-Mail	or	Ма	Mailing		
(4) Licensee's Email Address:						
(Signature of Registrant or Certificate Holder)		***************************************	(Date Signed)			