



KENTUCKY BOARD OF REGISTRATION FOR PROFESSIONAL GEOLOGISTS

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 892-4261
Fax (502) 564-4818
<http://bpg.ky.gov>

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, KY license number _____, hereby authorize the Kentucky Board
(Print Full Name)

of Registration for Professional Geologists, to whom a signed or photocopy of this authorization is delivered, to
furnish a copy of my ASBOG examination records as follows:

(Select all examinations you wish to be released)

Fundamentals of Geology Examination Scores

Practice of Geology Examination Scores

Name of board, agency and/or individual to whom the records shall be released to:

Board/Agency/Individual's Email Address:

Licensee's Email Address:

Licensee's Signature

Date