Louisville Metro Government

Louisville Metro Hall
527 W. Jefferson Street
Louisville, KY 40202
502-574-2003

Authorization for Record Check

Please print full name clearly (include middle initial)

Name_____

Social Security Number_____

Current Address_____

City_____ State_____ Zip Code_____

Date of Birth (*Month, Day, Year*)_____

Maiden/Previous Names_____

I,_____, do hereby authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Signature_____ Date_____

Please return all information to:

Julie Radican
Office of Mayor Greg Fischer
Louisville Metro Hall
527 W. Jefferson Street, 4th Floor
Louisville, KY 40202