



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, Kentucky 40601

Phone (502) 564-4185 <http://kcpe.ky.gov>

FORM FOR CLAIMS AGAINST THE STUDENT PROTECTION FUND

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. This form and all supporting material must be submitted to the Kentucky Commission on Proprietary Education for any claim against the Student Protection Fund.
3. No fee is required to be submitted with this form.
 4. This completed form may be submitted to the Kentucky Commission on Proprietary Education either by mail or by delivery to Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, KY 40601.
5. Refer to KRS 165A.450 and 791 KAR 01:035.

PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle I.	_____ Social Security Number
_____ Street Address	_____ City	_____ State	_____ Zip Code
() - Home Phone Number	() - Cell Phone Number	_____ Email Address	_____ Date of Birth

SCHOOL INFORMATION

_____ School Name			
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Dates of Attendance			_____ Program Name

REQUIRED SUPPORTING MATERIAL

Document or Documents proving any of the following:

1. Proof of enrollment at the time of school closing. (For example: enrollment agreement, class schedule, etc.)
2. Proof of attendance at the time the school closed. (For example: dated course work, attendance record, etc.)
3. Proof of payment of tuition, books, or fees. (For example: receipts, cancelled checks, or student accounts.)
4. Any other documentation to support your claim of enrollment, attendance, or payment.

AFFIRMATION

I affirm that all the information provided herein is true, correct, and complete to the best of my knowledge and belief.

Signature

Date

