



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, 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 300 Sower Boulevard, Frankfort, KY 40601.
4. Refer to KRS 165A.450 and 791 KAR 1:035.

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

