

**APPLICATION FOR KANSAS KAIROS CLOSING  
DATA REQUESTED BY KANSAS DEPARTMENT OF  
CORRECTIONS**

I want to attend the Topeka CF Closing\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

State DL No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

Sex: circle M F Race circle W B H OTHER \_\_\_\_\_

**I WILL AGREE TO ALL INSTRUCTIONS PROVIDED IN THE LETTER OF ACCEPTANCE WHICH WILL BE SENT TO ME BEFORE THE CLOSING DATE. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE KANSAS DEPARTMENT OF CORRECTIONS FOR OUTSTANDING WARRANTS IN KANSAS AND THE U.S. AND THAT ALL INFORMATION CONTAINED HEREIN WILL BE KEPT CONFIDENTIAL BY KANSAS KAIROS AND THE TOPEKA CORRECTIONAL FACILITY.**

Signature \_\_\_\_\_

MAIL TO:

Glena Fields  
412 S. 199th W.  
Goddard, KS 67052  
Email: [Gf45@pixius.net](mailto:Gf45@pixius.net)

Please return no later than 10 – 14 days before the closing event. See the KS Kairos website for closing dates.

[www.kskairos.org](http://www.kskairos.org)