

APPLICANT PROCESSING - DISCLOSURE FORM

Louisiana Bureau of Criminal Identification and Information

P.O. BOX 66614 (Box A-6)
BATON ROUGE, LA 70896

RIGHT TO REVIEW

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

PLACE OF BIRTH
(STATE)

RACE

SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

- RAPSHEET ATTACHED
- RESPONSE BELOW

For BOI Office Use Only
ATN# _____
SID# _____
TIME F/P COMPLETED _____
TIME DESC.COMP _____

FEEES
\$10.00 Fingerprint Fee (if printed at LSP Headquarters)
\$26.00 Processing Fee (required whether printed at LSP Headquarters or when mailing in two fingerprint cards)

RIGHT TO REVIEW

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 - Box A-6
Baton Rouge, LA 70806

When submitting fingerprints:

In person: two separate money orders, cashier checks, business checks for \$10 and \$26 or a credit card

By mail: include two FBI (form FD-258) fingerprint cards and a \$26 money order, cashier check or business check

*****PLEASE TYPE or PRINT*****

APPLICANTS FULL NAME:

LAST FIRST MIDDLE

STREET ADDRESS: _____

COMPLETE STREET ADDRESS TO INCLUDE APARTMENT/LOT #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

RACE: _____ SEX: _____

APPLICANTS SIGNATURE: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R. Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the state or FBI identification record.

****Electronically submitted fingerprints obtained at LSP Headquarters after 3:30 will be available for pickup the next business day.**

DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
REQUEST TO RECEIVE CRIMINAL HISTORY RECORD INFORMATION

DATE: _____

REQUESTOR: _____
(Last) (First) (Middle)

PHONE : _____
(Area code)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH _____

SIGNATURE OF REQUESTOR: _____

I hereby authorize _____ as my personal representative to
(please type or print name)
obtain my criminal history records.

REPRESENTATIVE'S ADDRESS: _____

OR

I hereby attest that I am a licensed attorney authorized by the above listed requestor to obtain the requestor's criminal history record.

SIGNATURE OF ATTORNEY _____

PRINT NAME OF ATTORNEY: _____

ATTORNEY ADDRESS: _____

ATTORNEY BAR ROLL NUMBER: _____

Notice: Pursuant to R.S. 15:588 an individual, his authorized representative, or his attorney if he is physically incapable of appearing at the bureau, may obtain a certified copy of his criminal history information record. The request to obtain a certified copy of your criminal history record is based on a review of the State of Louisiana's criminal history database only. This does not preclude the possible existence of additional records in local agencies files, other state or FBI Identification Division Files.