LOUISIANA
STATE BOARD *of* SOCIAL WORK EXAMINERS

MAILING LIST REQUEST

Complete this mailing list request form and forward to Donna Wilcox by either email at dwilcox@labswe.org, mail, or by fax. A disclaimer will be emailed upon receipt. It will include the price of the mailing list, which is $0.05 per licensee. The purchase of the list is for a one time usage. The list will be sent by email via an Excel spreadsheet within 5-10 business days following receipt of the signed disclaimer and payment.

Requestor's Name _____

Company Name _____

Address _____

Contact Number _____

Email Address _____

License Category Requested:

- ☐ LCSW-BACS
- ☐ LCSW
- ☐ LMSW
- ☐ CSW
- ☐ RSW

Zip Codes Requested:

- ☐ All
- ☐ Louisiana residents only
- ☐ Specific 3 digit zip code area(s) _____

Payment may be made via cashier's check, money order, or credit card. There is a $3.00 processing fee for credit card payments. Cash and personal checks are not accepted. Complete the following to pay by credit card.

Name on Card _____

Card Type (circle) Visa MasterCard Discover

Card Number

Expiration Date

Security Code (on back of card)

Billing Zip Code

18550 HIGHLAND ROAD, SUITE B, BATON ROUGE, LOUISIANA 70809
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