

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

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

LSPAPP3/R09.10

Louisiana State Board of Social Work Examiners

AGENCY, BUSINESS OR INDIVIDUAL NAME

18550 Highland Rd, Suite B

MAILING ADDRESS

Baton Rouge LA 70809

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT AREQUEST.

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 an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW