PUBLIC RECORDS REQUEST

This form is used to request records from the Louisiana State Board of Social Work Examiners.

Please complete the information below and send to the attention of Donna Wilcox via fax at (225) 756-3472 or email at dwilcox@labswe.org.

Requestor's Name _____

License Number _____
Address _____
_____
Contact Number _____
Fax Number _____
Email Address _____

Records Requested:

Fee is $.25 per page plus postage. Payment is required prior to your request being processed. Payments can be made via credit card or money order. You will be notified if your request cannot be processed within 3 business days.

Name on Card: _____
Card Type: ☐ Visa ☐ MasterCard ☐ Discover
Card Number: ☐☐☐☐—☐☐☐☐—☐☐☐☐—☐☐☐☐

Expiration Date: ☐☐—☐☐ 3-digit Security Code (on back): ☐☐☐

For Office Use Only: