VERIFICATION REQUEST FORM

This form is used to request verification of your license, certificate, or registration from the Louisiana State Board of Social Work Examiners. Please complete the information below and send to the attention of Regina DeWitt via fax at (225) 756-3472 or email at rdewitt@labswe.org.

Requestor's Name _____

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

Provide mailing instructions here:

Fee is $5.00 per verification. 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: