## **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 Jasmine Offord via fax at (225)

756-3472 or email at jofford@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: