Text

Description automatically generated

**PUBLIC RECORDS REQUEST**

Please complete this form to request records from the Louisiana State Board of Social Work Examiners. Please complete the information below and send to Kelly Sicard by email [Kelly.sicard@labswe.org](mailto:Kelly.sicard@labswe.org), by mail 18550 Highland Rd, Baton Rouge, LA 70809, or by fax at 225-756-3472.

|  |  |
| --- | --- |
| **Requestor’s Name** |  |
| **License Number** |  |
| **Address** |  |
| **Contact Number** |  |
| **Fax Number** |  |
| **Email Address** |  |

**Records Requested**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Payments can be made via credit card, debit card, or money order Fee is $5.00 with a $3.00 processing fee for credit/debit cards (plus postage if mailed). Payment is required prior to your request being processed. You will be notified if your request cannot be processed within 3 business days.

**Payment Information**

|  |  |
| --- | --- |
| Name on Card |  |
| Card Type (visa, mastercard, discover) |  |
| Card Number |  |
| Expiration Date |  |
| 3-digit Security Code |  |
| Zip Code associated with card |  |

OFFICE USE ONLY

|  |
| --- |
|  |
|  |
|  |