

**Verification Request Form**

This form is used to request verification of your license, certification, or registration from the Louisiana State Board of Social Work Examiners. Please note that some jurisdictions require a specific form to be completed as part of their application process. Please complete the form and send to Kelly Sicard, by email at kelly.sicard@labswe.org, by mail, or by fax at 225-756-3472. Processing time is between 10 – 15 business days.

|  |  |
| --- | --- |
| REQUESTOR’S NAME |  |
| LICENSE NUMBER |  |
| ADDRESS |  |
| ADDRESS 2 |  |
| CITY, STATE, ZIP |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |

**Provide remittal instructions here**

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

Fee is $5.00 if made by money order or cashier’s check, there is an additional $3.00 processing fee for credit card

**Payment information**

|  |  |
| --- | --- |
| Name on card |  |
| Card Type (visa, mastercard, discover) |  |
| Card Number |  |
| Expiration Date |  |
| ZIP Code associated with card |  |

OFFICE USE ONLY

|  |
| --- |
|  |
|  |