

SUBMIT TO:

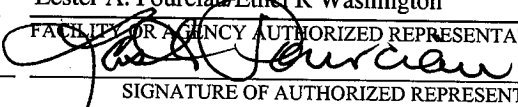
Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE.

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

Southern University Baton Rouge Human Resources		Lester A. Pourciau/Ethel R Washington	
FACILITY OR AGENCY		FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE	
P. O. Box 10400			
MAILING ADDRESS		SIGNATURE OF AUTHORIZED REPRESENTATIVE	
Baton Rouge	LA	70813	(225) 771-0040
CITY	STATE	ZIP CODE	FACILITY OR AGENCY PHONE NUMBER
hrcbc@subr.edu/dorothy_smart@subr.edu/susan_smith@subr.edu			
FACILITY E-MAIL ADDRESS			

Request For: (pick one only)

- | | |
|--|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input checked="" type="checkbox"/> POSTSECONDARY EDUCATION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> OCS CARETAKER | <input type="checkbox"/> VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OCS PERSONNEL | |

APPLICANTS FULL NAME: _____
****PRINT - USE INK****
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # _ _ - _ - _ _ _ DATE OF BIRTH: _ / _ / _

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.