

ATN _____

SID# _____

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

Louisiana Board of Examiners for Speech-Language Pathology and Audiology
AGENCY, BUSINESS OR INDIVIDUAL NAME

37283 Swamp Road, Suite 3B
MAILING ADDRESS

Prairieville	LA	70769
CITY	STATE	ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT	DATE OF BIRTH	PLACE OF BIRTH (STATE)	RACE / SEX
WEIGHT	HEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER			

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

- RAPSHEET ATTACHED
- RESPONSE BELOW