

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 \$14.75 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****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****

Sacred Heart of Jesus School

AGENCY, FACILITY OR INDIVIDUAL

Eve Giffin

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

2251 Main Street

MAILING ADDRESS

Eve Giffin

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge, LA 70802

CITY

STATE

ZIP CODE

(225) 383-7481

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

egiffin@sacredheartpr.com

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ BEHAVIOR ANALYST BOARD
- ☐ BOARD OF EXAMINERS OF PSYCHOLOGIST
- ☐ BOARD OF NURSING HOME ADMINISTRATORS
- ☐ CASA
- ☐ COURT ORDER ADOPTION
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPT. OF INSURANCE - FRAUD DIVISION
- ☐ DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
- ☐ DCFS ABUSE/NEGLECT INVESTIGATION
- ☐ DCFS CARETAKER
- ☐ DCFS FOSTER/ADOPTIVE
- ☐ DCFS PERSONNEL
- ☐ DRUG AND DEVICE DISTRIBUTORS
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ FIRE MARSHAL
- ☐ HEALTH CARE PROVIDER (Non Licensed)
- ☐ JUVENILE DETENTION CENTER
- ☐ LA BOARD CHIROPRACTIC EXAMINERS
- ☐ LA PHYSICAL THERAPY BOARD

- ☐ LA STATE BOARD SOCIAL WORK EXAMINERS
- ☐ LICENSED PROFESSIONAL COUNSELORS
- ☐ MEDICAL EXAMINERS
- ☐ OFFICE OF FINANCIAL INSTITUTIONS
- ☐ OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
- ☐ OMVE - EMPLOYEE ISSUING COMMERCIAL DL
- ☐ OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
- ☐ OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
- ☐ PHARMACY BOARD
- ☐ POST SECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☒ SCHOOL
- ☐ SUPREME COURT COMMITTEE BAR ADMISSION
- ☐ TAXI DRIVERS
- ☐ TESS WINDOW TINT
- ☐ VOLUNTEER LOUISIANA COMMISSION
- ☐ WORKING WITH CHILDREN

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: ____/____/____

ID or 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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 02/16/2016

ATN _____

SID# _____

APPLICANT PROCESSING - DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/Revised 10/2015

Sacred Heart of Jesus School

AGENCY, BUSINESS OR INDIVIDUAL NAME

2251 Main Street

MAILING ADDRESS

Baton Rouge LA 70802

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
(STATE)

PLACE OF BIRTH

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