

ATN _____

SID# _____

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

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

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.

DATE

ARRESTING AGENCY

CONVICTION INFORMATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____