

DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE POLICE  
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
REQUEST TO RECEIVE CRIMINAL HISTORY RECORD INFORMATION

**DATE:** \_\_\_\_\_

**REQUESTOR:** \_\_\_\_\_  
(Last) (First) (Middle)

**PHONE :** \_\_\_\_\_  
(Area code)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SIGNATURE OF REQUESTOR:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ as my personal representative to  
(please type or print name)  
obtain my criminal history records.

**REPRESENTATIVE'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

OR

I hereby attest that I am a licensed attorney authorized by the above listed requestor to obtain the requestor's criminal history record.

**SIGNATURE OF ATTORNEY** \_\_\_\_\_

**PRINT NAME OF ATTORNEY:** \_\_\_\_\_

**ATTORNEY ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY BAR ROLL NUMBER:** \_\_\_\_\_

Notice: Pursuant to R.S. 15:588 an individual, his authorized representative, or his attorney if he is physically incapable of appearing at the bureau, may obtain a certified copy of his criminal history information record. The request to obtain a certified copy of your criminal history record is based on a review of the State of Louisiana's criminal history database only. This does not preclude the possible existence of additional records in local agencies files, other state or FBI Identification Division Files.