APPLICANT PROCESSING – DISCLOSURE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

LSP Internal Affairs AGENCY, BUSINESS OR INDIVIDUAL NAME 7919 Independence Blvd Box A-20 MAILING ADDRESS		NOTICE: PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE.
Baton Rouge,	La 7080 STATE ZIP C	
NAME OF APPLICANT WEIGHT	DATE OF BIRTH HEIGHT	PLACE OF BIRTH RACE / SEX (STATE) HAIR COLOR EYE COLOR
OCIAL SECURITY NUMBE		HAIR COLOR ETE COLOR
AUTHORIZED BY LAV	V TO RECEIVE THIS INFORM	TRICTLY CONFIDENTIAL AND ONLY THOSE MATION MAY SUBMIT A REQUEST.
NOTICE : The response Louisiana's criminal his	e to your request for a criminal tory records database as is ava	history check is based on a review of the State of lable at the time of request. This does not preclude ation not available in our database.
CRIMIN	AL HISTORY	DETERMINATION
	RAPSHEET A	ATTACHED
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