

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 \$12 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\*\*\*\*

St. Alphonsus Catholic School  
AGENCY, FACILITY OR INDIVIDUAL

Dana Duet

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

13940 Greenwell Springs Road  
MAILING ADDRESS

Dana Duet  
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Greenwell Springs LA 70739  
CITY STATE ZIP CODE

( 225 ) 261-5299

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

dduet@stalphonsusbr.org

AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

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| <ul style="list-style-type: none"><li><input type="checkbox"/> ALCOHOL BEVERAGE OUTLET</li><li><input type="checkbox"/> BEHAVIOR ANALYST BOARD</li><li><input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST)</li><li><input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. &amp; AUDIO.)</li><li><input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS</li><li><input type="checkbox"/> CASA</li><li><input type="checkbox"/> COURT ORDER ADOPTION</li><li><input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE</li><li><input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN</li><li><input type="checkbox"/> DENTISTRY BOARD</li><li><input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY</li><li><input type="checkbox"/> DEPT. HEALTH AND HOSPITALS</li><li><input type="checkbox"/> DEPT. OF INSURANCE - FRAUD DIVISION</li><li><input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)</li><li><input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION</li><li><input type="checkbox"/> DCFS CARETAKER</li><li><input type="checkbox"/> DCFS FOSTER/ADOPTIVE</li><li><input type="checkbox"/> DCFS PERSONNEL</li><li><input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS</li><li><input type="checkbox"/> EMPLOYERS</li><li><input type="checkbox"/> FIREFIGHTERS</li><li><input type="checkbox"/> FIRE MARSHAL</li><li><input type="checkbox"/> GESTATIONAL CONTRACTS</li><li><input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)</li><li><input type="checkbox"/> JUVENILE DETENTION CENTER</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS</li><li><input type="checkbox"/> LA PHYSICAL THERAPY BOARD</li><li><input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS</li><li><input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS</li><li><input type="checkbox"/> MEDICAL EXAMINERS</li><li><input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS</li><li><input type="checkbox"/> OMVC - COMMERCIAL DRIVING EXAM ADMINISTER</li><li><input type="checkbox"/> OMVE - EMPLOYEE ISSUING COMMERCIAL DL</li><li><input type="checkbox"/> OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION</li><li><input type="checkbox"/> OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT</li><li><input type="checkbox"/> PHARMACY BOARD</li><li><input type="checkbox"/> POST SECONDARY EDUCATION</li><li><input type="checkbox"/> PRACTICAL NURSING</li><li><input type="checkbox"/> PRIVATE ADOPTION</li><li><input type="checkbox"/> PRIVATE INVESTIGATORS</li><li><input type="checkbox"/> PRIVATE SECURITY</li><li><input type="checkbox"/> PUBLIC HOUSING</li><li><input type="checkbox"/> REGISTERED NURSING</li><li><input type="checkbox"/> RELIGIOUS ACTIVISTS</li><li><input type="checkbox"/> SCHOOL</li><li><input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION</li><li><input type="checkbox"/> TAXI DRIVERS</li><li><input type="checkbox"/> TESS WINDOW TINT</li><li><input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION</li><li><input checked="" type="checkbox"/> WORKING WITH CHILDREN</li></ul> |
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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 10/01/2016

ATN and SID# FOR OFFICIAL USE ONLY

ATN \_\_\_\_\_

SID# \_\_\_\_\_

APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION

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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



ATN and SID# FOR OFFICIAL USE ONLY

ATN \_\_\_\_\_

SID# \_\_\_\_\_

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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 \_\_\_\_\_

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<u>DATE</u>	<u>ARRESTING AGENCY</u>	<u>CONVICTION INFORMATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____