

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.