APPLICANT PROCESSING – HCP DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP4/R10.03

_____
AGENCY

_____
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 DATE OF BIRTH RACE/SEX

__ __ __ - __ __ - __ __ __ __
SOCIAL SECURITY NUMBER

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.
Pursuant to Louisiana law governing the requirement for criminal record background checks to be conducted on prospective **non-licensed** employees of appropriate facilities, the following disclosure is made. The applicant listed below has been arrested and/or convicted on charges enumerated in La. Revised Statute 40:1300.51 through 40:1300.56. **If no conviction is indicated, the employer may obtain this information by requesting from the Clerk of Court's Office in the parish of the arrest.**

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 information not available in our database.

Charge	Arrest Date	Arresting Agency	Convicted