ATN and SID# FOR OFFICIAL USE ONLY

ATN _____ SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/Revised 10/2015

Louisiana Physical Therapy Board
AGENCY, BUSINESS OR INDIVIDUAL NAME

104 Fairlane Drive
MAILING ADDRESS

Lafayette	LA	70507
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 (STATE) _____ PLACE OF BIRTH _____ 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