

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 \$16.50 FEE. (Cashier Check, Business Check or Money Order)

****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****

Catholic Diocese of Shreveport

AGENCY, FACILITY OR INDIVIDUAL

Kimberly Hopwood

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

3500 Fairfield Ave

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Shreveport

CITY

LA

STATE

71104

ZIP CODE

(318) 219-7622

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

khopwood@dioshpt.org

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> OMVI – CONTRACT PROCESS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> INQUIRY/TRANSACTION |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> AGENT |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> MENTAL HEALTH COUNSELORS | <input type="checkbox"/> WORKING WITH CHILDREN |

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.