

*Take to L.S.P.

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/R09.10

St. Thomas More Catholic School
 AGENCY, BUSINESS OR INDIVIDUAL NAME

11400 Sherbrook Dr.
 MAILING ADDRESS

Baton Rouge, LA 70815
 CITY STATE ZIP CODE

NOTICE:
 PLEASE PRINT OR TYPE INFORMATION,
 EXCLUDING ADMINISTRATORS OR
 AUTHORIZED PERSONS SIGNATURE
 INCOMPLETE FORMS WILL NOT BE
 PROCESSED

Broussard - St. Thomas More

 NAME

_____/_____/_____
 DATE OF BIRTH

_____/_____
 RACE/SEX

_____-_____-_____
 SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
 AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT AREQUEST.

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