

ATN _____

SID# _____

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

Louisiana Physical Therapy Board

AGENCY, BUSINESS OR INDIVIDUAL NAME

2110 W Pinhook Road, Suite 202

MAILING ADDRESS

Louisiana	LA	70508
_____ 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	_____ PLACE OF BIRTH (STATE)	_____ 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