

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

LA STATE BD OF MEDICAL EXAMINERS

AGENCY, BUSINESS OR INDIVIDUAL NAME

630 Camp Street

MAILING ADDRESS

New Orleans, LA 70130

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

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