

# How To Do A Right To Review Through The Louisiana State Police

## To Do A Right To Review In Person:

Go to:

Louisiana State Police Headquarters

7919 Independence Blvd

Baton Rouge LA 70806

Office hours: Monday – Friday (8:00am – 3:30 pm)

Phone numbers: 225.925.6095 or 225.925.4108

You must have:

- Valid Government Issued Identification:  
Driver's License, State I D Card, Military I D or Passport
- \$10 Money Order (Fingerprint Fee). You must be fingerprinted in order for us to do a Right to Review on you.
- \$26 Money Order (Background Check Fee)

## To Do A Right to Review Through The Mail:

Go to:

[www.lsp.org](http://www.lsp.org) and select "Applications and Forms"

Then select "Background Check Forms"

Then select the Authorization Form and the Rap Disclosure Form

- Fill in the top, middle and bottom portion of the Authorization Form and be sure to sign it.
- Fill in the top and middle of the Rap Disclosure Form.
- Include fingerprints taken by a local law enforcement agency \$26 Money Order (Background Check Fee).
- Response is within 20 – 28 business days from the date the payment is processed. It will be mailed back to the address at the top of the Rap Disclosure Form. (Both Forms must have the same mailing address at the top in order for the request to be processed.)

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\*\*\*\*

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

( )
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
BOARD OF EXAMINERS OF PSYCHOLOGIST
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
MANUFACTURED HOUSING
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OFFICE OF PUBLIC HEALTH
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
RIGHT TO REVIEW
RIVERBOAT PILOTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
USED MOTOR VEHICLE COMMISSION
VENDOR
WHOLESALE DRUG DISTRIBUTORS
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. DPSSP 6696

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

\_\_\_\_\_  
AGENCY, BUSINESS OR INDIVIDUAL NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
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

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF STATE POLICE  
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
REQUEST TO REVIEW CRIMINAL HISTORY RECORD INFORMATION

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Area Code)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ as my personal representative to view and take notes of my criminal records.

Signature of Requestor: \_\_\_\_\_

OR

I hereby attest that I am a licensed attorney authorized by the above listed requestor to view and take notes of requestor's criminal record.

Signature of Attorney: \_\_\_\_\_

Print Name of Attorney: \_\_\_\_\_

Attorney Bar Roll Number: \_\_\_\_\_

Notice – Pursuant to R.S. 15:588 an individual or his authorized agent may view make notes or challenge the accuracy of his personal criminal history information. The request to view your criminal record is based on a review of the State of Louisiana's criminal history records database only. This does not preclude the possible existence of additional records in local agencies files (Sheriff's Office or Police Department), other state or FBI Identification Division Files.

\$26.00       Cashier's Check       Money Order      Number \_\_\_\_\_