

ATN#	SID#



State Background Release

Name:	Suffix	DOB:	
Aliases (AKA):			
Home Address:			
Phone Number:			
Name of Company:		Opening Date:	
Company Address:			
Race: Pl	ace of birth:	City/State	
Height: Hair Color:	Eye Color:	Weight:	
Social Security:			
Drivers License Number:	& St	& State	
I understand and agree that the Shrevep fully investigate my record as to felonies waive such legal rights if any that I may the liability in connection with furnishin agency, to who I am making application	s, misdemeanors, or have and do releas g such information	any other arrest. Further, I e any and all persons from	
Signature of Applicant		Date	

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 facility or agency named above. DPSSP 6696