

Avoyelles 9.1.1  
A Division of the Avoyelles Sheriff Dept.  
Alexis McNeal, Executive Director  
272 Industrial Blvd.  
Mansura, LA 71350

Telephone (318) 253-9739  
Fax C318l 253-5218

CRIMINAL HISTORY RECORD REQUEST

DATE: \_\_\_\_\_

HOUSING AUTHORITY NAME: \_\_\_\_\_

HOUSING AUTHORITY ORI NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Re: APPLICANTS NAME: \_\_\_\_\_

STATE DRIVERS LICENSE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE / SEX: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

\*\*\*\*\*  
\*\*As a new or prospective Employee/Tenant of the above requesting facility, I understand a thorough investigation of any record of past criminal activities will be conducted by the Louisiana Department of Public Safety and Corrections, Office of State Police and Avoyelles Parish Sheriff's Office in accordance with LA Revised status 40:1300:51 through 40:1300:56

\*\* By my signature below, I hereby authorize an investigation and further authorize The Avoyelles Parish Sheriff's Department to release all criminal records information maintained in their files, which may confirm or deny my Eligibility for employment/occupancy with the facility named above.

\*\*\*\*\*  
SIGNATURE OF APPLICANT: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
\*\*RESULTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_