

LOUISIANA STATE BOARD OF PRIVATE SECURITY EXAMINERS

Personal Inquiry Waiver
(Authority for Release of Information)

I, \_\_\_\_\_, presently residing at \_\_\_\_\_, have applied for a license with the LA State board of Private Security Examiners. I have been advised and am fully aware that a representative of the State Board of Private Security Examiners will be conducting a thorough investigation of my background to assist in determining my suitability for this license. I realize that, in conducting this background investigation, an official representative will be making inquiries of officials and record offices at schools which I have attended; police or courts with whom I may have an arrest or conviction record; present and previous employers; and any other person who may be able to provide information about me which the State Board desires.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me, or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the State Board. I further consent and request that the Board's Executive Secretary, or his representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the State Board of Private Security Examiners to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Applicant's Signature

Date

Applicant's complete address

Sworn to and subscribed before me, the undersigned authority, at \_\_\_\_\_ in \_\_\_\_\_ Parish/County, \_\_\_\_\_ (State),

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(QUALIFYING AGENT)