



Ascension Parish School Board Office  
1100 Webster Street  
Donaldsonville, LA 70346  
**By Appointment Only**

To schedule an appointment, you must:

1. <https://ascensionschools.simplybook.me/v2/#book>
2. Submit payment <https://apsb.schoolcashonline.com/Fee/Details/21219/260/False/True>
3. \$15.00 for Full-time employees, \$35.00 for Part-Time employees, and \$54.25 for contractors to cover fingerprinting processing fees.
4. At your scheduled appointment time report to the Central Office at 1100 Webster Street Donaldsonville, LA 70346. You MUST have a valid ID or Driver's License. Only fingerprinting applicants will be allowed to enter the fingerprinting area.
5. Paperwork should be completed and printed before arriving for appointment. Paperwork can also be emailed to [fingerprinting@apsb.org](mailto:fingerprinting@apsb.org).

If you cannot keep your appointment, please cancel by using the same link above that you used to schedule. If you have any questions or concerns, please contact Fingerprinting Department at 225-391-7115 or by email @ [fingerprinting@apsb.org](mailto:fingerprinting@apsb.org).

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

ATN \_\_\_\_\_

SID# \_\_\_\_\_

**APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896

**Ascension Parish School Board**

AGENCY, BUSINESS OR INDIVIDUAL NAME

**1100 Webster St.**

MAILING ADDRESS

**Donaldsonville LA 70346**

CITY

STATE

ZIP CODE

**NOTICE:**

**PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH

PLACE OF BIRTH  
(STATE)

RACE / SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**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

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 \$13.25 FEE.

*Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order*

*Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters*

**\*\*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\*\*\*\***

**ASCENSION PARISH SCHOOL BOARD**

AGENCY, FACILITY OR INDIVIDUAL

**1100 WEBSTER STREET**

MAILING ADDRESS

**DONALDSONVILLE LA 70346**  
CITY STATE ZIP CODE

**JEREMY MUSE**

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

**(225) 391-7000**  
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER  
**FINGERPRINTING@APSB.ORG**  
AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

- |   |   |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET  | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD                    |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD   | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS         |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST)  | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS             |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)                      | <input type="checkbox"/> MEDICAL EXAMINERS                            |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS                                     | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS             |
| <input type="checkbox"/> CASA   | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER    |
| <input type="checkbox"/> COURT ORDER ADOPTION   | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL        |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE  | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION  |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN  | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DENTISTRY BOARD  | <input type="checkbox"/> PHARMACY BOARD                               |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY  | <input type="checkbox"/> POST SECONDARY EDUCATION                     |
| <input type="checkbox"/> DEPT. HEALTH AND HOSPITALS   | <input type="checkbox"/> PRACTICAL NURSING                            |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION                                      | <input type="checkbox"/> PRIVATE ADOPTION                             |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE INVESTIGATORS                        |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION   | <input type="checkbox"/> PRIVATE SECURITY                             |
| <input type="checkbox"/> DCFS CARETAKER   | <input type="checkbox"/> PUBLIC HOUSING                               |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE   | <input type="checkbox"/> REGISTERED NURSING                           |
| <input type="checkbox"/> DCFS PERSONNEL   | <input type="checkbox"/> RELIGIOUS ACTIVISTS                          |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS   | <input type="checkbox"/> SCHOOL                                       |
| <input type="checkbox"/> EMPLOYERS  | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION        |
| <input type="checkbox"/> FIREFIGHTERS   | <input type="checkbox"/> TAXI DRIVERS                                 |
| <input type="checkbox"/> FIRE MARSHAL   | <input type="checkbox"/> TESS WINDOW TINT                             |
| <input type="checkbox"/> GESTATIONAL CONTRACTS  | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION               |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)                                      | <input type="checkbox"/> WILDLIFE AND FISHERIES                       |
| <input type="checkbox"/> JUVENILE DETENTION CENTER  | <input type="checkbox"/> WORKING WITH CHILDREN                        |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS  |   |

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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**DPSSP 6696**

**Revised 12/26/2018**