

RECEIPT

CONFIRMATION OF SUBMISSION OF AN INDIVIDUAL'S FINGERPRINTS

A. Early Learning Center Completes:

1. Full Name of Person Submitting Fingerprints

2. Early Learning Center Requesting CBC

3. Location (Circle One): Louisiana State Police Headquarters (LSP) or Sheriff's Office

4. Name of Sheriff's Office (if applicable): _____

B. LSP or Sheriff's Office Completes:

1. Date Fingerprints Submitted _____

2. Local Booking Number (LBN) of person submitting fingerprints _____

3. Name of LSP or Sheriff's Representative _____

4. Signature of LSP or Sheriff's Representative _____

NOTE: This is not a waiver. It is a form that may be used as a receipt for proof of submission of fingerprints.