State of Louisiana Board of Chiropractic Examiners

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PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

Name: _____ Org (if applicable): _____

Mailing Address:_____

City: _____ State: _____ Zip: _____

Telephone:_____Email:_____

RECORDS REQUESTED

Please describe the records you are requesting with specific details (names, dates, license numbers, etc.):

_____

_____

Date Range (if known) From: _____ To:_____

PREFERENCES (Please check one)

Preferred Format: ( ) Inspect in person ( ) Electronic (email) ( ) Paper

Delivery Method: ( ) Email ( ) Postal Mail ( ) In-Office Pick up

AUTHORIZATION

Signature:_____Date:_____

FOR BOARD USE ONLY

Date Completed_____ Disposition: ( ) Granted ( ) Partially Granted ( )

Denied Reason (if denied): _____ Fees Charged:$_____