NEW ORLEANS POLICE DEPARTMENT
RECORDS AND IDENTIFICATION DIVISION
715 S. BROAD AVENUE NEW ORLEANS, LA 70119

REQUEST FOR
LETTER OF GOOD CONDUCT

INFORMATION (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

NAME_____RACE_____SEX_____

ADDRESS _____STATE OF BIRTH _____

DATE OF BIRTH_____ SOCIAL SECURITY NUMBER _____

_____
(APPLICANT'S SIGNATURE)

PURPOSE/REASON FOR LETTER OF GOOD CONDUCT
(CHECK ALL THAT APPLY)

VISA:_____ IMMIGRATION:_____ NOTARY:_____ NAME CHECK:_____

CITIZENSHIP:_____ OTHER:_____

Telephone numbers in the event we have any questions: _____

MUST INCLUDE A COPY OF DRIVER'S LICENSE OR STATE IDENTIFICATION CARD.

Make Check or Money Order IN THE AMOUNT OF $25.00 and make it out to the NEW ORLEANS POLICE DEPARTMENT .

Mail to: NEW ORLEANS POLICE DEPARTMENT
RECORDS DIVISION
715 S. BROAD AVENUE
NEW ORLEANS, LA 70119

BY THIS SIGNATURE, I AUTHORIZE THE RELEASE OF MY ARREST CONVICTION RECORD AND WAIVE SUCH LEGAL RIGHTS THAT MAY ARISE OUT OF THE RELASES AND I DO RELEASE ALL PERSONS FROM LIABILITY IN CONNECTION WITH THE RELEASE OF THIS INFORMATION.

POLICY PERMITS THE RELEASE OF ONLY THOSE CHARGES THAT HAVE RESULTED IN A CONVICTION. THE RESULTS OF THIS CHECK WERE COMPILED FROM INFORMATION OBTAINED ONLY IN OUR JURISDICTION.

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***IMPORTANT – THE DEPARTMENT OF POLICE CANNOT MAKE AN ACCURATE IDENTIFICATION BASED UPON NAME AND DATE OF BIRTH ONLY.

PAGE TWO ATTACHED_____

_____
RECORD DIVISION CLERK

DATE RECEIVED:_____