

Louisiana Department of Public Safety & Corrections

Request for Statistical Data from DPS&C Information Systems

Date of Request:

Name of Person Making Request:

Organization Represented:

Contact Information (Phone Number & Email Address):

Mailing Address:

Description of data requested and purpose of the data request¹:

If applicable, date data is needed to meet a deadline:

If data request is associated with a legislative instrument, note instrument number:

¹ Providing additional information regarding how the data will be used helps ensure you receive the data needed for the purpose of your request.

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Requestor: _____

Date: _____

While the Department encourages grant seeking or other external funding opportunities that align with the Department's mission, those seeking grants must coordinate with the Department a minimum of 30–60 days in advance of the proposed deadline to ensure time for proper approval and processing of the request. Approval alone does not guarantee the department's ability to meet the proposed time line as requests must be prioritized based on resources available.

If the information requested is not readily available, the undersigned understands that the cost of obtaining the requested information shall be at a rate of \$50.00 for each hour of processing/ programmer time, in addition to any other standard fees outlined in Department Regulation AM-D-2, Collection of Fees for Reproduction of Public Records. In such instances, the associated costs will be provided to the requestor and work to compile the information will not begin until receipt of payment.

The undersigned also understands and agrees to accept responsibility to protect the privacy and security rights of individuals as required by Federal and State laws and shall not sell or share any information received from the Department of Public Safety and Corrections to any third party. By signing this request, you understand that the Louisiana Department of Public Safety & Corrections (DPS&C) makes no express or implied evaluation of this information and is not, by providing the information, endorsing or approving any work product you create with the provided data.

Signature of Authorized Individual/Requestor:

Printed Name:

Form shall be submitted to:
Department of Public Safety and Corrections, Attn: Deputy Secretary
via Mail: P.O. Box 94304, Baton Rouge, LA 7004
via Fax: 225-342-3095
via Email: DOCPublicRecords@doc.la.gov

For Official Use Only:

Date:

From: _____, Director of Data Research & Statistical Analysis:

Action Recommended (to include ability to provide and/or an invoice for the estimated costs):