

Department of Public Safety & Corrections  
State of Louisiana  
Louisiana State Penitentiary

Jeff M. Landry  
Governor



Gary Westcott  
Secretary

To: Volunteer-Guests  
Re: NCIC Clearance Information

Thank you for your interest in Louisiana State Penitentiary and its positive moral rehabilitation programs, including religious services, seminary, and reentry programs.

Please provide the following information, so that Louisiana State Penitentiary may conduct the clearance/background checks necessary for your visit.

Name of Organization/Group/Event/Function: Saints Prison Ministry

\_\_\_\_\_  
Full Name (As it appears on driver's License, no nick names please)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

I, \_\_\_\_\_, authorize Louisiana State Penitentiary to conduct  
(Printed Name)

A background (NCIC) check and certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature/Date

Please Email or fax completed form(s) to: [Anna.McGhee@La.Gov](mailto:Anna.McGhee@La.Gov) / Fax# 225-655-2337  
Please contact the Office with any Questions or Concerns Office # 225-655-2601