

Authorized Legal Representative

Request for Certificate:

By signing this form, I attest that I have completed the online “Authorized Legal Representative Orientation” training course in its entirety on the date listed below and I also attest that I fully understand all of its contents. I understand that any falsification or misrepresentation of this claim could be considered as a violation of Civil Service Rule 14.1(j), which prohibits the falsification of public documents.

Date Completed:

Print Your Name Here:

Signature: _____

Video Code Number:

Your Mailing Address:

Your Email Address:

Preferred Method to Receive Your Certificate of Completion: *(Please check the box below)*

Mail

Email

Submit this completed and signed form to the Department of Corrections Headquarters Office either by mail or as an email scanned attachment to the contact information listed below. Once your completed and signed form is received and accepted by the Department of Corrections Headquarters Office, a Certificate of Completion will be sent to you via the preferred method that you have indicated above. Make sure that all fields on this form are completed before submitting this document to the Department of Corrections Headquarters Office.

Department of Corrections Headquarters Contact Information

Mailing Address:

LA Dept. of Public Safety and Corrections
P. O. Box 94304
Baton Rouge, LA 70804-9304
ATTENTION: Training Department

Email Address:

HQ-Training@la.gov