

Form A-05-008-A
10 May 2016

Letter of Agreement for Statistical Information

Department of Public Safety and Corrections
Corrections Services
P.O. Box 94304
Baton Rouge, LA 70804
Statisticalinformation@corrections.state.la.us

This form must be signed by an authorized individual, witnessed, and returned with your payment. The undersigned understands that the cost of obtaining the requested information shall be at a rate of \$50.00 for each hour of computer processing time and \$50.00 for each hour of computer programmer time per programmer.

The undersigned 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 any information received from the Department of Public Safety and Corrections to any third party.

Statistical Information Requested: _____

_____ Authorized Individual/Requestor	_____ Date
_____ Witness	_____ Date
_____ Reviewed by IT Director	_____ Date
_____ Approved (Secretary or Undersecretary)	_____ Date