



## LIVESCAN FINGERPRINT REQUEST FORM

*Return completed form after fingerprint capture to Employer or state licensing authority\*\*\**

To be Completed by Requesting District/Organization									
Agency Name:					Requesting Agency ID #:				
Reason Code:	CPE	CPV	DCL	LDE	SB	SE	TPT		
TCN #			Live Scan Operator:						
Date Printed:			Picture ID Type:			Payment Method:			
<b>COST: \$69</b>		<b>We Accept: Cash, MasterCard/ VISA (Checks are not accepted)</b>							

APPLICANT INFORMATION					
<i>Last Name</i>		<i>First Name</i>		<i>Middle (I)</i>	<i>Alias/Maiden Name</i>
<i>Gender</i>	<i>Race</i>		<i>Eye Color</i>	<i>Hair Color</i>	<i>Height</i>
/		/			
<i>YEAR</i>	<i>MONTH</i>	<i>DAY</i>	<i>(DOB)</i>		
			<i>Place of Birth (State) (COUNTRY-If Outside US)</i>		
<i>Street Address</i>			<i>City</i>		<i>State</i>
			<i>Zip</i>		
<i>Phone Number</i>			<i>Email Address</i>		
<p>I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Policy (MSP) and the Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the District or Organization listed above.</p> <p>I further understand MSP and FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 [5 USC § 552a (b)] for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.</p>					
<i>Signature</i>			<i>Date</i>		

28 CFR § 16.34 – Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency that submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make the changes necessary in accordance with the information supplied by that agency.

**\*\*DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.\*\***

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162.

COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.