

LIVESCAN FINGERPRINT REQUEST

Date fingerprinted: _____ Type of picture ID presented: _____

APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name _____
Last, first, middle

Date of Birth _____ Race _____ Sex _____

Applicant address _____
Zip _____

Applicant phone number _____

REQUESTING AGENCY INFORMATION

Agency ID: **MIB3326E** Agency Name: **Diocese of Lansing**
(RQID)

Reason fingerprinted: *(select only one)*

- | | | |
|-------------------------------------|---|---------|
| <input type="checkbox"/> SE | - School employment, mcl 380.1230 | \$54.00 |
| <input type="checkbox"/> CPE | - National Child Protection Act, NCPA employee | \$54.00 |
| <input type="checkbox"/> CPV | - National Child Protection Act, NCPA volunteer | \$48.00 |

****Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. ****