LIVESCAN FINGERPRINT REQUEST

Date fingerprinted:_____ Type of Picture ID Presented:_____

APPLICANT INFORMATION (Please Print Legibly)

Must provide a picture ID to be printed

Applicant Name:_____
First Middle Last

Applicant Street Address:_____

City: _____ Zip:_____ Country: USA Home Phone:_____

Date of Birth:_____ Sex: M F Height: ____’_____” Weight:_____

Race:_____ Hair Color_____ Eye Color_____

Birth State:_____ Citizen Country_____

REQUESTING AGENCY INFORMATION

Agency ID: 927H Agency Name: Grant Public Schools

Reason Fingerprinted: (select only one)

☑ SE – School Employment, MCL 380.1230
☐ CPE – National Child Protection Act – Employee
☐ CPV – National Child Protection Act – Volunteer

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.