

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: _____ Place of Birth: _____
City, State

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant Address: _____
Zip _____

Applicant Phone Number: _____

REQUESTING AGENCY INFORMATION

Agency ID: **1599E** Agency Name: **C.S. Mott Community College**
(RQID)

Reason fingerprinted:

CPE – National Child Protection Act – Employee/Student \$54.00 + \$16.00 (LS Fee) =
Total Fee \$70.00

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