

LIVESCAN FINGERPRINT REQUEST

rev. 01/09

Individuals must take this completed form and a valid picture identification with them to the Live Scan site. Additionally, the payment method must have been arranged either in advance or by presenting the Live Scan technician with a check or money order. Please be certain the appropriate fingerprint reason is checked at the bottom of the page.

Date fingerprinted _____ Type of picture ID presented: _____

APPLICANT INFORMATION

Must provide 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: **8558T**

Agency Name: **Diocese of Gaylord**

Reason Fingerprinted (check only one):

_____ **SE** School Employment, MCL 380.1230; Fees: \$62.75
(School Employees)

_____ **CPE** National Child Protection Act - Employee; Fees: \$62.75
(All employees throughout the diocese, including those paid by stipend, regardless of position.)

_____ **CPV** National Child Protection Act – Volunteer; Fees: \$58.75
(Volunteers throughout the diocese who work with minors eight (8) or more hours per month.)

Disclaimer: Any and all fingerprints submitted with incorrect fingerprint codes/reasons, etc. are the responsibility of the requesting agency. The Michigan State Police will charge for second requests due to incorrect fingerprint reason.