

LIVESCAN FINGERPRINT REQUEST (10/07)

TCN# _____

Date Fingerprinted: _____ (Must provide a Picture ID-TYPE: _____) Printed by: _____

Payment Method: Cash Credit Card Invoice AMOUNT:\$ _____

WHY are you being fingerprinted? _____

APPLICANT INFORMATION

Legal Name: _____ Date of Birth: _____
Last First MI

Place/Birth (STATE): _____ Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Phone #: (____) _____ Email: _____

Address: _____
Street City State Zip

<u>RE-TRANSMIT</u>	TCN# _____	INITIALS _____
DATE: _____	REASON: _____	PER: _____

****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.**

✓	RQID # FOR DISTRICTS	NUMBER
	WASHTENAW ISD	10835K
	Ann Arbor Public Schools	4249M
	Chelsea Schools	2466H
	Dexter Community Schools	734E
	Lincoln Consolidated Schools	7789L
	Manchester Community Schools	10216P
	Milan Area Schools	2098E
	Saline Schools	4973J
	Whitmore Lake Public Schools	3963A
	Willow Run Community School	2076E
	Ypsilanti Public Schools	370T
FINGER PRINT REASON		
✓	SE - School Employment, mcl 380.1230	\$69

✓	RQID # FOR DISTRICTS	NUMBER
	EASTERN WASHTENAW MUL ACA	13909L
	GLOBAL EDUCATIONAL	10243E
	HONEY CREEK	3759P
	NEW BEGINNINGS ACADEMY	10252H
	Plymouth-Canton	5102K
	State of Michigan - DCL	10971L
	WTMC	8098M
	Greenhills School	62694M
	Emerson	3719L
	PESG	64228K
FINGER PRINT REASON		
✓	SE - School Employment, mcl 380.1230	\$69

FINGERPRINT RELEASE AUTHORIZATION

As part of the pre-employment screening process, I authorize Washtenaw ISD to release a copy of my fingerprints to:

Name/Address: Any School District in the State of Michigan OR

Signature Required

Date