

LIVESCAN FINGERPRINT REQUEST

Date Printed:	Picture ID Type Presented:	
Requesting Agency ID: 12311P	Agency Name: St. Charles School	Reason Printed: SE

Applicant Information: Type or clearly print all answers to all fields			
First Name:		Middle Initial:	Last Name:
Date of Birth:	State of Birth:	Race:	Sex: Male Female
Address:			
City:		State:	County: Zip Code:
Height:		Weight:	Eyes: Hair:
Social Security Number:		Driver's License Number:	Driver's License State:
Please list any scars or tattoos, etc.:			

Applicant Information:

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

My Signature below authorizes a criminal history check be conducted

Signature: _____ Date: _____

28 CFR §16.34-Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU , Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

<p>REQUESTING AGENCY INFORMATION (This section to be completed by employing district representative.)</p> <p>School District: <u>St. Charles School</u></p> <p><input type="checkbox"/> APPLICANT RESPONSIBLE FOR PRINT COST (\$61.50) (Cashier's Check or Money Order Payable to <u>Monroe County Intermediate School District</u>)</p> <p><input type="checkbox"/> BILL DISTRICT FOR PRINT COST \$61.50</p> <p>Signature of Authorized District Representative _____ Date _____</p>
