



## FINGERPRINT REQUEST FORM

Return completed form after fingerprint capture to: HUMAN RESOURCES  
Employer or state licensing authority \*\*\*

<b>I. CJIS Information:</b> Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID	6. Agency Name

<b>II. Applicant Information:</b> Type or clearly print answers to all fields.		
1a. First Name	1b. Middle Initial	1c. Last Name
2. Date of Birth	3. Race	4. Sex
5. Address		
6. City	7. State	8. ZIP Code

<b>Fingerprint Reason</b>
Code:

**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.**

**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.

**\*\*DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. \*\***

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162
COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.

**Southgate School District  
Fingerprint Request Form  
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**Applicant's Full Name** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_