

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 _____ Race _____ Sex _____

Applicant address _____
_____ Zip _____

Applicant phone number _____

REQUESTING AGENCY INFORMATION

Agency ID: 2195K Agency Name: Oak Park Schools District
(RQID)

Reason fingerprinted: (*select only one*)

SE - School employment, mcl 380.1230 \$60.00
PCMI employees select this option

CPE - National Child Protection Act, NCPA employee \$60.00

CPV - National Child Protection Act, NCPA volunteer \$58.50

**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. **