RI-030 (07/2012)
MICHIGAN STATE POLICE

Print Form

LIVESCAN FINGERPRINT REQUEST

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

After fingerprinting, return signed and completed form to employer or licensing agency.

I. Fingerprint Reason					
1. Code					
2. Requestor/Agency ID	3. Agency Name				
II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted.					
1a. **Last** Name	1b. **First** Name		1c. Middle Initial	1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases (Optional)					
3. Place of Birth (State or Country)	4. Date of Birth		5. Social Security Number (Optional)		
6. Driver License State	7. Driver License Number				
8. Address					
9. City	10. State		11. ZIP Code		
12. Sex Female	13. Race W - White	14. Height (Ft. & In)	15. Weight (Lbs)	16. Eye Color BRO-brown	17. Hair Color BRO-brown
III. Live Scan Information: Type or clearly print answers to all fields at the fingerprinting site.					
1. Date Printed			2. Picture ID Type Presented Michigan Drivers Liscense		
3. TCN			4. Live Scan Operator Chris VanCompernolle		

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 Privacy Act of 1974, 5 USC § 552a, 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.

**** ENSURE THAT THE CORRECT FINGERPRINTING REASON CODE AND AGENCY ID ARE USED. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT CODES. ****