

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: **850E** Agency Name: **Copper Country ISD**
(RQID)

Reason Fingerprinted: *(Select Only One)*

SE – School Employment, mcl 380.1230	\$49.25 + LS Fee
CPE – National Child Protection Act – Employee	\$49.25 + LS Fee
CPV – National Child Protection Act – Volunteer	\$45.25 + LS Fee

**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. **