

# L-1 IDENTITY SOLUTIONS LIVESCAN FINGERPRINT REQUEST (Formerly Identix)

Complete this form and take it to livescan fingerprint appointment.

Date fingerprinted: \_\_\_\_\_ Type of picture ID presented: \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

Agency ID: **3326E** Agency Name: Diocese of Lansing

*Reason Fingerprinted: <i>(select only one)</i>	<u>MSP/FBI Fee</u>	<u>L-1 Fee</u>	<u>Total</u>
SE — School employment, MCL 380.1230	\$49.25	\$13.50	\$62.75
CPE — Nat'l Child Protection Act, NCPA employee	\$49.25	\$13.50	\$62.75
CPV — Nat'l Child Protection Act, NCPA volunteer	\$45.25	\$13.50	\$58.75

Name: \_\_\_\_\_  
First Last MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone (include area code) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ City/Country of Birth: \_\_\_\_\_

Payment Method: Check / Money Order / Visa / Master Card *(circle one)*

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\*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.