

LIVESCAN FINGERPRINT REQUEST (GENESEE ISD)

APPLICATION INFORMATION (Must provide a Government Issued Picture ID to be printed)

PLEASE PRINT

Applicant Name _____
Last First Middle

Date of Birth ____/____/____ **Race** _____ **Gender** _____
Year Month Day

Place of Birth _____
(If within the United States, list the State. If outside the United States, list the Country)

Applicant address _____
_____ Zip _____

Waiver: I understand the personal information and fingerprints provided are used to conduct a search for prior criminal records. I hereby authorize release of my criminal information to the person or agency named below.

Applicant Signature Date

- Agency Use Only -

REQUESTING AGENCY INFORMATION

Agency ID: 3326E **Agency Name:** Roman Catholic Diocese of Lansing
School Name: _____

Reason fingerprinted: SE - School Employment, MCL 380.1230A \$64.00 (Check or Money Order only — made payable to GISD)

Sally Ellis _____ **Date:** _____

Signature, Agency Representative **Phone Number** 517-342-2551

GISD Office Use Only: **Date fingerprinted:** _____ **Type of picture ID presented** _____

Scanned ____ **Folder** ____ **Paid: \$** _____ **Check/Money Order Number** _____ **Initials:** _____
Print Name, Agency Representative