

# WASHTENAW ISD LIVESCAN FINGERPRINT REQUEST

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

## REQUESTING AGENCY INFORMATION

Agency ID: 3326E Agency Name: Diocese of Lansing

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

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

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

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ City/Country of Birth: \_\_\_\_\_