

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 _____

Weight _____ Height _____ Hair _____ Eyes _____

State or County of birth _____

Applicant address _____

_____ Zip _____

Applicant phone number _____

REQUESTING AGENCY INFORMATION

Agency ID: 131031
(RQID)

Agency Name: University Preparatory Academy

Reason fingerprinted: (select only one)

SE - School Employment \$54.00 + LS Fee

CPE - Child Protection Employee \$54.00 + LS Fee

CPV - Child Protection Volunteer \$48.00 + 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. **