



LIVESCAN FINGERPRINT REQUEST & EXPENSE AUTHORIZATION FORM

Please complete this form and submit to Public Safety via email: livescan@mtsac.edu and Print a copy for applicant to hand in at time of Livescan

Applicants may call ext. 5775 to schedule an appointment

***Note: This does not replace the DOJ REQUEST FOR LIVE SCAN SERVICES Form**

Full Legal Name of Live Scan Applicant: _____

Requested by: _____ Campus Ext.: _____ Date: _____
Printed Name Signature

Approved by: _____ Campus Ext.: _____ Date: _____
Printed Name Signature

(Manager's signature required for transfer of funds)

Department: _____ Division: _____

Reason for Request:

| | | | |
|--------------------|----------------------------|-------------------|-------------------|
| Non-Paying: | CDP (Referred by Division) | Cert. Nurse Asst. | |
| | CDC (More than 6 children) | Public Safety | |
| | CDC (Less than 6 children) | Rescan | |
| | Temp | Other | |
| | | | _____ |
| | | | Brief Description |

Account to be charged:

| | | | | |
|-------|-------|-------|-------|--|
| Fund | Org | Acct | Prgm | Total Amnt to be charged including \$0.75 G2 Fee: \$_____ |
| _____ | _____ | _____ | _____ | |

Reason for Request:

| | | | |
|--------------------------|------------|-------|-------------------|
| Applicant to Pay: | Classified | CDC | |
| | Management | CDP | |
| | Adjunct | Other | |
| | | | _____ |
| | | | Brief Description |

Total cost due by applicant including \$0.75 G2 fee: \$_____

***Exact amount is required at the time of service**

Additional Information/Instructions:
