

HARRISON COMMUNITY SCHOOLS

224 W. Main Street

PO Box 529

Harrison, MI 48625

(989) 539-7871

Fax: (989) 539-7491

CRIMINAL RECORDS CHECK PROCESS

Each new applicant is required to complete the Criminal Records Check Information Form, ICHAT Form, and the Criminal Conviction History Form, along with the Livescan Fingerprint Request Form. All applicants need to make arrangements for Livescan fingerprinting at the **Clare City Police Department** or the **Gladwin County Sheriff Department**. The police/sheriff department will verify that the prospective new applicant has the proper documentation and payment.

CLARE CITY POLICE DEPARTMENT

207 W. Fifth Street

Clare, MI 48617

989-386-2121

Monday-Friday 8:00 – 4:00 pm

Call first to make an appointment

\$65.25 – EXACT Cash, Check or Money Order

Made payable to: Clare City Police Department

GLADWIN COUNTY SHERIFF DEPARTMENT

501 W. Cedar Avenue

Gladwin, MI 48624

989-426-9284

Monday-Friday 8:00 – 8:00 pm (Excluding Holidays)

No appointment needed

(Don't go between 12:00-1:00 pm or 5:00-6:00 pm)

\$65.00 – EXACT Cash, Check or Money Order

Made payable to: Gladwin County Sheriff Department

DOCUMENTATION TO BRING WITH YOU:

1. Valid DRIVER'S LICENSE, passport or government-issued picture identification.
2. The LIVESCAN FINGERPRINT REQUEST FORM from the school.
3. Appropriate payment (exact amount)

YOU WILL HAVE TO RESCHEDULE YOUR APPOINTMENT, IF YOU DO NOT HAVE ALL NECESSARY DOCUMENTATION.

LIVESCAN FINGERPRINT REQUEST

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162; **COMPLIANCE:** Voluntary, however failure to complete this form will result in denial of request.

After fingerprinting, return signed and completed form to employer or licensing agency.

I. Fingerprint Reason						
1. Code <i>SE - School Employment, Mcl 380.1230</i>						
2. Requestor/Agency ID <i>1987J</i>		3. Agency Name <i>Harrison Community Schools</i>				
II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted.						
1a. Last Name		1b. First Name		1c. Middle Initial	1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases (Optional)						
3. Place of Birth (State or Country)			4. Date of Birth		5. Social Security Number (Optional)	
6. Driver License State			7. Driver License Number			
8. Address						
9. City			10. State		11. ZIP Code	
12. Sex	13. Race	14. Height (Ft. & In)	15. Weight (Lbs)	16. Eye Color		17. Hair Color
III. Live Scan Information: Type or clearly print answers to all fields at the fingerprinting site.						
1. Date Printed			2. Picture ID Type Presented			
3. TCN			4. Live Scan Operator			

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____ **Date:** _____

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**** ENSURE THAT THE CORRECT FINGERPRINTING REASON CODE AND AGENCY ID ARE USED. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT CODES. ****