



FROSTBURG STATE UNIVERSITY POLICE

LiveScan Applicant Fingerprinting

ALL FIELDS MUST BE COMPLETED/FILLED IN

WE ARE NOT RESPONSIBLE FOR INCOMPLETE INFORMATION RESULTING IN THE REJECTION OF YOUR FINGERPRINT SUBMISSION

APPLICANT INFORMATION					
LAST		First		Middle	
NAME :					
Date of Birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please Check)</i>	
Height: ft. Inches		Weight: lbs.		Eye Color:	
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check one)</i>		Hair Color:			
Place of Birth :				Citizenship:	
Current Address:					
City:			State:		Zip Code
Daytime Phone:		Evening Phone:		Driver's License #:	
				State:	
AGENCY INFORMATION					
Agency Authorization #:					
ORI# (if Required):			Reason Fingerprinted:		
Position Applied for:					
<div>REQUEST TYPE: (Choose one ONLY)</div> <div><div><input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child Care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment</div><div><input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/Visa <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing</div></div>					

CJIS CUSTOMER SERVICE 410-764-4501 or 888-795-0011