

## LIVESCAN CORRECTION

Note: This form must only be used when an arresting agency is unable to electronically update the arrest on the Criminal History Record.

### I. Requestor Information

Date of Request	Phone Number of Requestor
Name of Requestor (Required)	Email Address of Requestor (Required)

### II. Information Submitted at Time of Livescan Entry (Required)

Agency Originating Agency Identifier (ORI)	Transaction Control Number (TCN)	Original Complaint Agency (OCA)
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### III. Information for Correction

Please enter current\* and new livescan transaction information for the specific data to be corrected.

	Current*	Change to
Last Name		
First Name		
Middle Name		
Date of Birth		
Gender		
Race		
OCA		
Incident Date		
Arrest File Class		
Arrest Severity		
Arrest ORI		
Court ORI		

\* The information submitted at the time of the Livescan entry, which currently displays on the criminal history record.

#### Return To:

Michigan State Police  
Criminal Justice Information Center  
P.O. Box 30634  
Lansing, MI 48909  
Attention: Livescan Corrections  
Email: [MSP-CRD-CHRCORR@Michigan.gov](mailto:MSP-CRD-CHRCORR@Michigan.gov)  
Fax: 517-241-0866