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)

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
Fax: 517-241-0866