

FEDERAL RAP BACK APPROVAL REQUEST

Any agency requesting to be enrolled in Federal Rap Back must complete the top portion of this form. Completed forms may be submitted via email to MSP-CHRISS@michigan.gov.

Date:

Agency Name:

Agency ID (if known):

Agency Address:

Agency Contact:

Agency Telephone:

Agency Email:

Authorized Fingerprint Reason Code for Federal Rap Back Enrollment:

Requested Enrollment Start Date:

To be completed by the Michigan State Police.

Identify Authority:

Approved:

Denied:

Enrollment Authorized to Begin On:

Review Date:

Reviewer Signature:

Additional Information: