

**Request for MorphoTrust USA,  
Livscan Fingerprinting Services  
NYS Division of Criminal Justice Services  
(DCJS) Record Review Program**

**Instructions for applicant:** Complete this form and visit [www.Identogo.com](http://www.Identogo.com) or call 1-877-472-6915 (toll free number) to schedule an appointment for fingerprinting. Remember to bring this form and the required forms of identification to your fingerprinting appointment.

**Contributor Agency Section:**

ORI: NYDCJSPRY Contributor Agency: DCJS  
Record Review Program

**Applicant Section:**  New Submission   
Resubmission

**\*Mandatory Fields**

Purpose of Fingerprinting (optional):  
\_\_\_\_\_  
\_\_\_\_\_

\*Name of Applicant Last \_\_\_\_\_ \*First \_\_\_\_\_  
\_\_\_\_\_ Middle Initial \_\_\_\_\_

Alias or Maiden Name:  
\_\_\_\_\_  
\_\_\_\_\_

\*Current Street Address:  
\_\_\_\_\_  
\_\_\_\_\_  
Apt/Building \_\_\_\_\_

\*City: \_\_\_\_\_ \*State \_\_\_\_\_  
\_\_\_\_\_ \*Zip: \_\_\_\_\_

Country \_\_\_\_\_  
\_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
\*Sex:  Male  Female \*Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic  Unknown  
Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye \_\_\_\_\_  
Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Identification if under 18 and nothing else available:**

State or Country of Birth: \_\_\_\_\_ Country of  
Citizenship: \_\_\_\_\_

\*Primary Contact: Telephone \_\_\_\_\_  
(and/or) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_

**TO MAIL RECORD REVIEW RESPONSE TO  
ATTORNEY, CHECK BOX AND COMPLETE  
INFORMATION BELOW**

Name of Attorney: Last \_\_\_\_\_ First \_\_\_\_\_  
\_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Street Address:  
\_\_\_\_\_

Suite/Floor \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Accepted Forms of Identification Section:**  
**NOTE: Applicant *MUST* present two (2) forms of ID,  
at least one of which must have a photo (see  
Column A):**

**Column A - Valid Photo Identification:**

U.S. Passport (unexpired or expired)  
Permanent Resident Card  
Alien Registration Receipt Card  
Unexpired Foreign Passport  
Driver's License or Photo ID Card  
(issued by U.S. State or Territory)  
School or College ID Card (with photo)  
Unexpired Employment Authorization  
with photo (Form I-766)  
Photo ID Card issued by federal, state, or local govt.

**Column B - Valid Supplementary Identification:**

Voter registration card  
U.S. Military card or draft record  
Military dependent's ID card  
Coast Guard Merchant Mariner Card  
Native American Tribal Document  
Canadian Driver's License  
U.S. Social Security Card  
Original or certified copy of a Birth Certificate  
issued by authorized U.S. agency with official seal  
Certification of Birth Abroad (issued by U.S.  
Department of State)  
U.S. Citizen ID Card (Form I-197)

~~School record or report card Clinic, doctor, or hospital record~~