Walnut Avenue
FAMILY & WOMEN'S CENTER

LiveScan Background Check
Fee Waiver Application

Please download this form, type in your responses, and email it back to the coordinator at mcoffey@wafwc.org as a PDF, DOC, or DOCX file *before* visiting a LiveScan office.

Name:

Date:

Reason for Request

Please provide enough information for administration to have a general understanding of your situation. You do not need to provide detailed or sensitive information.

Reason(s) for requesting a fee waiver: