



REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: CA0372100

Code assigned by DOJ

Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☒ Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer Site Name:

(Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Diego Unified School District
Agency Authorized to Receive Criminal Record Information

4100 Normal Street
Street Address or P.O. Box

San Diego CA 92103
City State ZIP Code

03257
Mail Code (five-digit code assigned by DOJ)

Human Resources/Live Scan
Contact Name (mandatory for all school submissions)

6197258089
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last First Suffix

Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: N/A

(OCA Number (Agency Identifying Number))

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed