

REQUEST FOR LIVE SCAN SERVICE

ARCHDIOCESE OF SAN FRANCISCO
Office of Child and Youth Protection
One Peter Yorke Way, San Francisco, CA 94109

SCHOOLS

APPLICANT SUBMISSION

ORI: A0842

Authorized Applicant Type: (check one)

Employment

Volunteer

Position for which you are applying: _____

Contributing Agency Information:

The Archdiocese of San Francisco

00761

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

One Peter Yorke Way

Rev. Charles Puthota, Ph.D.

Street Address

Contact Name

San Francisco, CA 94109

415.614.5504

Contact Telephone Number

City

State Zip Code

APPLICANT INFORMATION

Last Name _____

First Name _____

Middle Initial _____

Suffix _____

Other _____

Names (AKAs/Maiden) Last _____

First _____

Suffix _____

Sex: Male Female

Date of Birth _____

CA Driver's License or State ID Number _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

Billing #: _____

DO NOT BILL AGENCY

Misc # _____

NONE

Place of Birth (State/Country) _____

Social Security Number _____

Home _____

Address Street Address or P.O. Box _____

City _____

State Zip Code _____

Your School _____

School Location: _____

City _____

County _____

Where you've applied to work or volunteer (Operator: Transmit as OCA)

Level of Service: _____

BOTH

DOJ

AND

FBI

Resubmissions must provide proof of rejection and list Original ATI Number: _____

NO ADDITIONAL EMPLOYER RESPONSE

Live Scan Transaction Completed By: _____

Name of Operator _____

Date _____

Transmitting Agency _____

LSID _____

ATI Number _____

Amount Collected _____

APPLICANT INSTRUCTIONS

- Take TWO ② copies of this COMPLETED form to your LiveScan appointment
- The LiveScan Operator will certify the transaction by completing bottom section and return ONE ① copy to you.
- Make TWO ② copies of THE CERTIFIED FORM and distribute ONE ① copy to each of the following:

① Requesting School ② Keep one for future verification.