

# 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

Authorized Applicant Type: (check one)

ORI: A0842

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

City

State Zip Code

Contact Telephone Number

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

School Location: City County

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.