

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

Date of Birth Sex: Male Female

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.