

REQUEST FOR LIVE SCAN SERVICE

ARCHDIOCESE OF SAN FRANCISCO OFFICE OF CHILD & YOUTH PROTECTION
One Peter Yorke Way San Francisco, CA 94109 Fax: 415.614.5658

SCHOOLS

return 1 copy of completed form to:

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

Place of Birth (State / Country) Social Security Number

Misc #: NONE

Home Address Street 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 [X] DOJ AND [X] 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 copies of this COMPLETED form to your LiveScan appointment
The LiveScan Operator will certify the transaction by completing bottom section and return ONE copy to you.
Make TWO copies of THE CERTIFIED FORM and distribute ONE copy to each of the following:

- Requesting School
Keep one for future verification.