



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

Applicant Submission

ORI: AD927 Type of Applicant: Classified School Employee Credentialed School Employee

Code assigned by DOJ

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: Child/School Volunteer

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

Contributing Agency Information:

Orinda Union School District
Agency Authorized to Receive Criminal Record Information

01915
Mail Code (five-digit code assigned by DOJ)

8 Altarinda Road
Street Address or P.O. Box

Keli Cooper
Contact Name (mandatory for all school submissions)

Orinda CA 94563
City State ZIP Code

9252586207
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: _____

(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