



MT. DIABLO UNIFIED SCHOOL DISTRICT

JAMES W. DENT EDUCATION CENTER

1936 Carlotta Drive
Concord, California 94519-1397
www.mdusd.org
(925) 682-8000

REQUEST FOR LIVSCAN SERVICE – APPLICATION SUBMISSION

APPLICATION INFORMATION

Name _____
Last First Middle

Alias/Maiden Name _____
Last First Middle

Date of Birth _____ Male or Female
Month/Date/Year

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth:

If born within the United States: City: _____ State: _____

If born outside the United States:

City: _____ State: _____ Country: _____

Country of Citizenship: _____ Documented: Yes No

S.S. # -- CA Driver's Lic. # _____ EXP: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Resident of California (Number of Years) _____ Telephone: () _____

IF LESS THAN 1 YEAR – BOTH DOJ AND FBI ARE REQUIRED

MDUSD Job Title: **VOLUNTEER** School Site(s): _____

District Personnel Use Only:

ORI: A1160

Level of Service Requested: D.O.J. F.B.I.

Type of Application: Employment License/Permit Certification Volunteer

Email Code: 03205 Certificated 03226 Classified 03226 Volunteer

Operator Name _____

Person Requesting Clearance _____

Service Location Name _____

ATI #: _____

Transmittal Date _____

R2 ATI # _____

RE-Submittal Date _____

Date of D.O.J. Response _____