



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 \_\_\_\_\_