

REQUEST FOR LIVE SCAN SERVICE

ARCHDIOCESE OF SAN FRANCISCO

Office of Child and Youth Protection

One Peter Yorke Way, San Francisco, CA 94109

SCHOOL

Answer All Questions • Use Ink • Print Clearly

APPLICANT SUBMISSION

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

Office of Child and Youth Protection

Street Address

San Francisco, CA 94109

415.614.5500

City

State Zip Code

APPLICANT INFORMATION

Name _____

Last Name

First Name

Middle Initial

Suffix

Other _____

Names (AKAs/Maiden) Last Name

First Name

Middle Initial

Suffix

Sex: ☐ Male ☐ Female

Date of Birth _____

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 _____

School Location: _____

Where you've applied to work or volunteer (Operator: Transmit as OCA)

City

County

Level of Service:

BOTH

☒ DOJ

AND

☒ FBI

Resubmissions must provide proof of rejection and list Original ATI Number: _____

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 and a **Valid ID** to your Live Scan appointment
- The Live Scan 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