



SAN DIEGO COUNTY SCHOOLS CLEARINGHOUSE FINGERPRINT

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

Clearinghouse fingerprints should be completed at an SDCOE Live Scan facility.

Please bring 2 copies of this form.

Schedule a fingerprint appointment at: <https://sdcoe.service-now.com/credentials>

SDCOE / Linda Vista: Room 105 or NCREC / San Marcos: Room 102

ORI: A1270

Type of Application:

☐

Credential or Permit holder

☐

Classified / Volunteer

Job Title or Type of License, Certificate or Permit: _____

Level of Service:

☒

DOJ

☐

FBI

Please Note:

1- Applicant fingerprints requiring FBI level of service will be used to search the criminal history of the FBI pursuant to Federal Public Law 92-544.

--- Contributing Agency ---

SAN DIEGO COUNTY OFFICE OF EDUCATION

Mail Code: **04166**

Credential Services

Contact Name: Credential Services Contact

6401 Linda Vista Road, Room 104

Telephone Number: 858-298-2194

San Diego, CA 92111-7399

E-mail: sdcred@sdcoe.net

--- To Be Completed By Applicant ---

Name of Applicant: (Last) _____ (First) _____ (MI) _____

AKA(s): _____

Driver's License No.: _____

DOB: ____ / ____ / ____

SEX:

☐

Male

☐

Female

Misc. BIL-#: _____ **N/A**

HT: _____

WT: _____

Phone Number: _____

Eye Color: _____

Hair Color: _____

Address: _____

Place of Birth: _____

SSN: _____

Email: _____

--- School District or Agency Use Only ---

School District or Agency Name: _____

Contact Name: _____

Telephone Number: _____

E-Mail: _____

School District or Agency Billing Number: _____

--- Agency Use Only ---

Your Number: _____
(OCA No./Applicant SS#)

If resubmission, record "original" ATI No: _____

--- SDCOE Use Only ---

Date: ____ / ____ / ____ Technician: _____ Terminal No.: _____

Agency: **SDCOE**

ATI No: _____

Amt Collected: \$ _____

I have visually confirmed my personal data entered into the fingerprint system is accurate.

I understand it is my responsibility; if there is an error, additional fees will be incurred.

5/2024