



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

Applicant Submission

ORI: A0297 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: _____
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Coronado Unified School District
Agency Authorized to Receive Criminal Record Information
201 Sixth Street
Street Address or P.O. Box
Coronado CA 92118
City State ZIP Code

01615
Mail Code (five-digit code assigned by DOJ)
Terri Freepartner
Contact Name (mandatory for all school submissions)
(619) 522-8900
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

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number **Self Paid**
(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 _____