



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A6300 SCHOOL VOLUNTEER  
ORI (Code assigned by DOJ) Authorized Applicant Type

SCHOOL VOLUNTEER  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

SAN JOSE CHRISTIAN SCHOOL 14648  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

1300 SHEFFIELD AVENUE SONIA CHANG  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

CAMPBELL CA 95008 4083717741  
City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Date of Birth Sex  Male  Female Driver's License Number

Height Weight Eye Color Hair Color Billing Number

Place of Birth (State or Country) Social Security Number Misc. 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number  
(Must provide proof of rejection)

#### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

#### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed