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

Applicant Submission

ORI: A6768 Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

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: Parent Volunteer - School:

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Cupertino Union School District
Agency Authorized to Receive Criminal Record Information
10301 Vista Drive
Street Address or P.O. Box
Cupertino CA 95014
City State ZIP Code

01619 Mail Code (five-digit code assigned by DOJ)
Valerie Hayes Contact Name (mandatory for all school submissions)
(408) 252-3000 Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
Other Name (A/K/A or Alias) Last First Suffix
Date of Birth Sex ☐ Male ☐ Female

Driver's License Number Billing Number
Height Weight Eye Color Hair Color
(Agency Billing Number)
Misc. Number (Other Identification Number)
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box
City State ZIP Code

Your Number: School Name: Level of Service: ☒ DOJ ☐ FBI

(OCA Number (Agency Identifying Number)

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

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency