

## REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission		
ORI: AB467 San Leandro Type of Applicant: Classif	fied School Employee	ialed School Employee
The following selections are for Public Schools only:		
☐ License, Certification, Permit ☐ Peace Officer ☐ Law	Enforcement Officer	
Type of License/Certification/Permit OR Working Title:	i0 characters - if assigned by DOJ, use exact title assigned)	
Contributing Agency Information:		
San Leandro Unified School Dsitrict  Agency Authorized to Receive Criminal Record Information	03541 Mail Code (five-digit code assigned by DC	JJ)
835 E14th Street, Suite 200	Michele Felarca	
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)	
San Leandro CA State ZIP Code	(510) 667-3518 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	Number (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc. Number (Other Identification Number)	
Home	(Other Identification Number)	
Address Street Address or P.O. Box	City	State ZIP Code
Your Number:  (OCA Number (Agency Identifying Number)	Level of Service: X 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 A	mount Collected/Billed