

REQUEST FOR LIVE SCAN SERVICE

Schools

Return 1 copy of completed form to:

ARCHDIOCESE OF SAN FRANCISCO + OFFICE OF CHILD & YOUTH PROTECTION
One Peter Yorke Way + San Francisco, CA 94109 + Fax: 415.614.5658

Applicant Submission

A0842

ORI

Employment

Authorized Applicant Type: (check one)

Volunteer

Position for which you are applying:

Contributing Agency Information:

The Archdiocese of San Francisco

Agency Authorized to Receive Criminal Record Information

00761

Mail Code (five-digit code assigned by DOJ)

One Peter Yorke Way

Street Address

Deacon John Norris, Director, OCYP

Contact Name

San Francisco, CA 94109

City State Zip Code

415.614.5504

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA / Alias/ Maiden) Last

First

Suffix

Date of Birth

Sex: Male Female

Driver's License or State ID Number

Height

Weight

Eye Color

Hair Color

Billing LEAVE BLANK - DO NOT BILL AGENCY

Number

Place of Birth (State or Country)

Social Security Number

Misc LEAVE BLANK

Number

Home

Address Street or P.O. Box

City

State

Zip Code

School to which you've applied:
to work or volunteer (Live Scan Operator: Enter for OCA Number)

City: _____
In which the school is located

Level of Service: **BOTH** DOJ AND FBI

If resubmission, list original ATI number (Must provide proof of rejection):

Original ATI Number

Employer: (Additional response for agencies specified by statute)

LEAVE BLANK

Employer Name

Street No

Street or PO Box

Mail Code (5 digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected

APPLICANT :

Take 2 (TWO) Copies of this COMPLETED form to your LiveScan appointment
The LiveScan Operator will certify the transaction by completing bottom section and return one copy to you.

MAKE 3 LEGIBLE COPIES OF THE CERTIFIED FORM AND DISTRIBUTE TO:

1- Requesting School; **1-** Archdiocese of San Francisco (address above); **1-** You must keep one for future verification. Fax a copy of your completed Livescan form to CYO Athletics at 415.972.1279.