## **REQUEST FOR LIVE SCAN SERVICE**

Return 1 copy of completed form to:

## CYO ATHLETICS

Mailing Address: 1728 Ocean Ave. #229, San Francisco, CA 94112 Fax: 415-988-7060

AS889 ORI Position for which you are applying: COACH Contributing Agency Information:  Catholic Charities O3816  Agency Authorised to occess Communic Record Information:  Some Address So	Applicant Submission	
Position for which you are applying: COACH  Contributing Agency Information:  Catholic Charities  Agency Authorized to Receive Communification in Miles Friedhelm Adam, CYO Athletics  Jeen Address San Francisco, CA 94109  Toy Maria Tannacisco, CA 94109  Toy Applicant Information:  Sex:   Male	A8889	Volunteer
Position for which you are applying: COACH Contributing Agency Information:  Catholic Charities  Agency Authorise to Recise Cinimian Record Information  Agency Authorise to Recise Cinimian Record Information  Agency Authorise to Recise Cinimian Record Information  Soan Francisco, CA 94109  Out Make Friedhelm Adam, CYO Athletics  Direct First Name  Soan Francisco, CA 94109  Applicant Information:  Lass Name  Sex: c: Male		
Catholic Charities  Agency Authorities to Receive Citation Received Internation  990 Eddy St  Store Address San Francisco, CA 94109 City State & Direct City State City State & Direct City Received R		
Agency Authorized to Receive Criminal Necord Information  990 Eddy st  Steet Address  See Address  San Francisco, CA 94109  Cry State 2a Code  Applicant Information:  Last Name  JAPPLICANT Alban/ Maiden)  Date of Birth  Sex:   Maile      Ferst Name  JAMIS   Lave Blank      Direct's License or State 10 Number    Billing   LEAVE BLANK      Do NOT BILL AGENCY    Number   Number    Home  Address   Street or P.O. Box   State   Zap Code    Cry   State   Zap Code    Address   Street or P.O. Box   State   Zap Code    Cry   State   Zap Code    Address   Street or P.O. Box   State   Zap Code    Cry   State   Cry    In which the school is located    Level of Services   BOTH   X   DOJ   AND   X   FB    Cry   State   Zap Code    Cry   State   Cry   State    Cry   State		
### Address   State   Address   Address   Address   State   Address	Catholic Charities	03816
State Address  San Francisco, CA 94109  City State Zep Code  Applicant Information:  Last Name  Other Name  (AKA / Allas/, Maidden) Last  Sex:   Male   Female  Date of Birth   Sex:   Male   Female  Date of Birth   Weight   Eye Color   Hair Color    Height   Weight   Eye Color   Hair Color    Wisc   LEAVE BLANK   Number    Wisc   Leave Blank   Number    Wisc   Street or P.O. Box    Shale to which you've applied:   (Live Scon Operator: Enter for OCA Number)    If resubmission, list original ATI number (Must provide proof of rejection):    Original ATI Number    Ball Nik *  Driver's License or State ID Number    Misc   LEAVE BLANK   DO NOT BILL AGENCY    Number    Address   Street or P.O. Box    Shale to which you've applied:    It work or volunteer   (Live Scon Operator: Enter for OCA Number )    Level of Service:   BOTH   X   DOJ   AND   X   FBI    If resubmission, list original ATI number (Must provide proof of rejection):    Original ATI Number    Bull Nik *  Sex:   D Male   Female    Driver's License or State ID Number    Misc   LEAVE BLANK    Original ATI Number    Bull Nik *  This high is school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    This is a s	Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
San Francisco, CA 94109  City State Zip Code  Contact Telephone Number    San Francisco, CA 94109	990 Eddy st	Mike Friedhelm Adam, CYO Athletics
City State Zip Code  Contact Telephone Number  Applicant Information:  Last Name  Citizen Name  CIACA / Allas/ Moliden   Last   First Name   Middle Initial   Suffix Suffix    First Name   Middle Initial   Suffix    First Name   Middle Initial   Suffix    Suffix   Sex:   Male   Female    Date of Birth   Sex   Leave Blank   Do NOT BILL AGENCY    Number   Number    Height   Weight   Eye Color   Hair Color   Number    Billing   Leave Blank   Do NOT BILL AGENCY    Number   Number    Home   Misc   Leave Blank    Number   Number    City   State   Zip Code    State   Time which the school is located    Level of Services   BOTH   X   DO J   AND   X   FB    If resubmission, list original ATI number (Must provide proof of rejection):  Original ATI Number    Service   Social Security Number    City   State   Zip Code    City   State   Zip Code    Level of Services   BOTH   X   DOJ   AND   X   FB    If resubmission, list original ATI number (Must provide proof of rejection):  Original ATI Number    Service   Social Security Number    Agency Telephone No (potrous)    Name of Operator    Date   Date    Contact Telephone Number    Middle Initial   Suffix    Suffix		Direct 6 Printact Name
Applicant Information:  List Name  Cither Name  (AKA / Allas/ Maiden) Last  Sex:   Maile   Female  Date of Birth   Sex:   Maile   Female  Date of Birth   Sex:   Maile   Female  Diver's License or State ID Number  Billing   LEAVE BLANK   DO NOT BILL AGENCY    Number   Misc   LEAVE BLANK    Number   Number    Weight   State or Country)   Social Security Number   Number    Number   Misc   LEAVE BLANK    Number   Number    City   State   Zip Code    School to which you've applied:   In which the school is located    Level of Service:   BOTH   X   DOJ   AND   X   FBI    If resubmission, list original ATI number (Must provide proof of rejection):    Employer: (Additional response for agencies specified by statute)   *LEAVE    Employer: (Additional response for agencies specified by statute)   *LEAVE    BLANK*  Employer: (State or Country)   State   Zip Code    Agency response for agencies specified by statute)    Level of Service:   BOTH   X   DOJ   AND   X   FBI    Original ATI number    Employer: (Additional response for agencies specified by statute)   *LEAVE    Employer: (Additional response for agencies specified by statute)   *LEAVE    BLANK*  Employer: (Additional response for agencies specified by statute)   *LEAVE    Level of Service:   BOTH   X   DOJ   AND   X   FBI    Original ATI number    BLANK*  Employer: (Additional response for agencies specified by statute)   *LEAVE    Agency response for agencies (agencies) (agencies		415.988.7652
Last Name  Other Name  (AKA / Allas/ Malden)  Last  Sex:   Male   Female  Driver's License or State ID Number  Billing   LEAVE BLANK   DO NOT BILL AGENCY  Number  Misc   LEAVE BLANK   DO NOT BILL AGENCY  Number  City   State   Zip Code  City   State   Zip Code  City   State   Zip Code  City   State   DO NOT BILL AGENCY  Number  Home   Address   Street or P.O. Box   City   State   Zip Code  City   In which the school is located   Level of Service:   BOTH   X   DOJ   AND   X   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: (Additional response for agencies specified by statute)   *LEAVE   BLANK *  Employer: (Additional response for agencies specified by statute)   *LEAVE   BLANK *  Employer: (Additional response for agencies specified by statute)   *LEAVE   BLANK *  Employer: (Additional response for agencies specified by statute)   *LEAVE   BLANK *  Employer: (Additional response for agencies specified by statute)   *LEAVE   BLANK *  Employer: (Additional response for agencies specified by statute)   *Agency (response hos (pstorius))   Agency (response hos (pstorius)		Contact Telephone Number
Other Name  (IACA / Allas/ Maiden) Last  Sex:   Male   Female   Driver's License or State ID Number  Billing   LEAVE BLANK   DO NOT BILL AGENCY   Number    Place of Birth   Weight   Eye Color   Hair Color     Place of Birth (State or Country)   Social Security Number     Place of Birth (State or P.O. Box     Street or P.O. Box     City   State     City   State	Applicant Information:	
Sex:   Male   Female   Pemale   Pemal	Last Name	First Name Middle Initial Suffix
Date of Birth  Sex: Male Female  Driver's License or State ID Number  Billing LEAVE BLANK - DO NOT BILL AGENCY  Number  Misc Number  Misc Number  Misc Number  City State Zip Code  School to which you've applied:  To work or volunteer (Live Scan Operator: Enter for OCA Number)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Live Scan Transaction Completed By:  Nameof Operator  Date		C. Etc.
Date of Birth  Driver's License or State ID Number  Billing LEAVE BLANK - DO NOT BILL AGENCY  Number  Height Weight Eye Color Hair Color  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)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Steet or PO Box  Mail Code Edigit code assigned by COU)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Nameof Operator  Date	(AKA / Alias/ Maiden) Last	rirsi
Date of Birth  Driver's License or State ID Number  Billing LEAVE BLANK - DO NOT BILL AGENCY  Number  Height Weight Eye Color Hair Color  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)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Employer: (Additional response for agencies specified by statute)  Steet or PO Box  Mail Code Edigit code assigned by COU)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Nameof Operator  Date	Sex: □ Male □ Female	
Height Weight Eye Color Hair Color Number    Misc   LEAVE BLANK     Number     Home   Address   Street or P.O. Box		Driver's License or State ID Number
Height Weight Eye Color Hair Color Number    Misc   LEAVE BLANK     Number     Home   Address   Street or P.O. Box		
Place of Birth (State or Country)  Social Security Number  Misc Number  Number  Home Address Street or P.O. Box  City State Zip Code  City: In which the school is located  Level of Service: BOTH X DOJ AND X 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: (Additional response for agencies specified by statute)  *LEAVE BLANK*  Level of Service: BOTH X DOJ AND X FBI  Mail Code (5 digit code assigned by 001)  City State Zip Code  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date		Billing LEAVE BLANK - DO NOT BILL AGENCY
Place of Birth (State or Country)  Social Security Number  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)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  *LEAVE BLANK*  EmployerName  Street or PO Box  Mail Code (5-digit code assigned by COU)  City State Zip Code  Mail Code (5-digit code assigned by COU)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	Height Weight Eye Color Hair Color	Number
Place of Birth (State or Country)  Social Security Number  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)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  *LEAVE BLANK*  EmployerName  Street or PO Box  Mail Code (5-digit code assigned by COU)  City State Zip Code  Mail Code (5-digit code assigned by COU)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date		
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)  If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  *LEAVE BLANK*  Employer Name  Street or PO Box  Mail Code (5-digit coede assigned by DOI) City State Zip Code  Live Scan Transaction Completed By:  Name of Operator Date	Place of Rith (State or Country) Social Security Number	
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 X DOJ AND X FBI  Original ATI Number  Employer: (Additional response for agencies specified by statute)  *LEAVE BLANK*  Employer Name  Street or PO Box  City:  In which the school is located  Level of Service: BOTH X DOJ AND X FBI  Wall Code (Selection Service)  Mal Code (Selection Service)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	Table of Strain (State of Strains)	Number
School to which you've applied: to work or volunteer  (Live Scan Operator: Enter for OCA Number)  Level of Service:  BOTH  DOJ AND  FBI  Original ATI number  Employer: (Additional response for agencies specified by statute)  Employer Name  Street or PO Box  Original ATI Number  Mail Code (5 digit code assigned by DOJ)  Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date		City State Zip Code
to work or volunteer  (Live Scan Operator: Enter for OCA Number)  Level of Service: BOTH X DOJ AND X 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*  EmployerName  Street or PO Box  Mai Code (5 digit code assigned by DOJ)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date		
to work or volunteer  (Live Scan Operator: Enter for OCA Number)  Level of Service: BOTH X DOJ AND X FBI  If resubmission, list original ATI number (Must provide proof of rejection):  Original ATI Number  Employer: (Additional response for agencies specified by statute)  Employer Name  Street or PO Box  Mal Code (5 digit code assigned by DOI)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	,	City:
If resubmission, list original ATI number (Must provide proof of rejection):  Employer: (Additional response for agencies specified by statute)  *LEAVE BLANK*  EmployerName  Street or PO Box  Mail Code (5 digit coede assigned by DOI)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date	to work or volunteer (Live Scan Operator: Enter for OCA Number)	
Employer: (Additional response for agencies specified by statute)  **LEAVE BLANK*  Employer Name  Street or PO Box  Mail Code (5 digit coede assigned by DOJ)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator  Date		Level of Service: <b>BOTH</b> X DOJ AND X FBI
Employer Name  Street Na Street or PO Box Mail Code (5 digit coede assigned by DOI)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator Date	If resubmission, list original ATI number (Must provide proof of rejection):	Original ATI Number
Employer Name  Street Na Street or PO Box Mail Code (5 digit coede assigned by DOI)  City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator Date	Employer: (Additional response for agencies specified by statute) *LEAVE	BLANK*
City State Zip Code Agency Telephone No. (optional)  Live Scan Transaction Completed By:  Name of Operator Date		
Live Scan Transaction Completed By:  Name of Operator  Date	Street No. Street or PO Box	Mail Code (5 digit coede assigned by DOJ)
Name of Operator Date	City State Zip Code	Agency Telephone No. (optional)
	Live Scan Transaction Completed By:	
Transmitting Agency LSID ATI Number Amount Collected	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-** CYO Athletics; **1-** You must keep one for future verification. CYO Athletics' copy can be faxed to CYO Athletics at 415.988.7060 or emailed to CYOAthletics@CatholicCharitiesSF.org. or mailed to CYO Athletics, 1728 Ocean Ave. #229, San Francisco, CA 94112.