

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 Number LEAVE BLANK - DO NOT BILL AGENCY

Place of Birth (State or Country) _____ Social Security Number _____

Misc Number LEAVE BLANK

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 415-988-7060.