



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9675

ORI (Code assigned by DOJ)

VOLUNTEER

Authorized Applicant Type

VOLUNTEER

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

LAGUNA BEACH UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

01773

Mail Code (five-digit code assigned by DOJ)

550 BLUMONT ST.
Street Address or P.O. Box

ASHLEIGH COLE

Contact Name (mandatory for all school submissions)

LAGUNA BEACH
City

CA ☐

State

ZIP Code

9494977700

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number CLIENT PAYS ALL FEES

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number

(Other Identification Number)

Home Address Street Address or P.O. Box

City

State ☐

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: AO297

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State ☐

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed