REQUEST FOR LIVE SCAN SERVICE  
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A6768  Type of Applicant: □ Classified School Employee  □ Credentialed School Employee

The following selections are for Public Schools only:

□ License, Certification, Permit  □ Peace Officer  □ Law Enforcement Officer  □ Volunteer

Type of License/Certification/Permit OR Working Title: School Name:

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Cupertino Union School District
Agency Authorized to Receive Criminal Record Information
10301 Vista Drive
Street Address or P.O. Box
Cupertino  CA  95014
City State ZIP Code
A01619
Mail Code (five-digit code assigned by DOJ)
Leslie Mains
Contact Name (mandatory for all school submissions)
4082523000
Contact Telephone Number

Applicant Information:

Last Name  First Name  Middle Initial  Suffix
Other Name: (AKA or Alias)
Last
First  Suffix
Sex  □ Male  □ Female
Date of Birth  Driver's License Number
Height  Weight  Eye Color  Hair Color
Place of Birth (State or Country)  Social Security 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: School Name:  Level of Service:  □ DOJ  □ FBI

(OCA Number (Agency Identifying Number)

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

Amount Collected/Billed