



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8724
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

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

Contributing Agency Information:

Santa Clara University
Agency Authorized to Receive Criminal Record Information

500 El Camino Real
Street Address or P.O. Box

Santa Clara
City

CA
State

95053
ZIP Code

10585
Mail Code (five-digit code assigned by DOJ)

Christine Coutolenc
Contact Name (mandatory for all school submissions)

(408) 554-4603
Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex ☐ Male ☐ Female

Date of Birth

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Name Suffix

Driver's License Number

Billing Number 147372
(Agency Billing Number)

Misc. Number
(Other Identification Number)

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: 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: Original ATI Number
(Must provide proof of rejection)

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