



# REQUEST FOR LIVE SCAN SERVICE

**SCHOOLS**

Archdiocese of San Francisco — Office of Child & Youth Protection  
One Peter Yorke Way, San Francisco, CA 94109 Tel: 415-614-5504 Fax: 415-614-5658

Answer All Questions • Use Ink • Print Clearly

## Applicant Submission & Contributing Agency

**ORI: A0842**

**Applicant Type** (check one):  **Employee**  **Volunteer**

**Position** (max 30 characters): \_\_\_\_\_

**School Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

### Archdiocese of San Francisco

Deacon John Norris, Director, OCYP  
One Peter Yorke Way  
San Francisco, CA 94109  
415-614-5504

**DOJ Mail Code: 00761**

**Service:** DOJ  FBI

If resubmission, list original ATI#  
(Must provide proof of rejection)

**ATI Number**

## Applicant Information

**Name:** \_\_\_\_\_  
First name Middle Initial Last Name

**Alias/ Maiden:** \_\_\_\_\_  
First name Middle Initial Last Name

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Gender:**  **Male**  **Female**

**Born:** \_\_\_\_\_  
State (or Country if not born in USA)

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
If no email, put "none"

**Date of Birth**  
    
MM DD YYYY

**Social Security #**  
    
XXX XX XXXX

**Driver's License or State ID**  
   
Number State

**Expires**  
    
MM DD YY

**Height**

**Weight**

**Eye Color**

**Hair Color**

## Appointment For Live Scan

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
Street City State Zip

## Live Scan Operator

\_\_\_\_\_  
**Operator who completed Live Scan**

\_\_\_\_\_  
**Date Completed**

\_\_\_\_\_  
**Transmitting Agency**

\_\_\_\_\_  
**LSID**

\_\_\_\_\_  
**ATI Number**

\_\_\_\_\_  
**Amount Collected**

## Instructions

- > Take 2 copies of the completed form and a **Valid ID** to the LiveScan appointment
- > **LiveScan Operator** completes bottom section and keeps one copy and gives you a copy
- > **Make 2 more copies** of the completed certified form
- > **Give** 1 copy to the School and 1 copy to the San Francisco Archdiocese