



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A3168    Employment  
ORI (Code assigned by DOJ)    Authorized Applicant Type

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

#### Contributing Agency Information:

Santa Clarita Christian School    03751  
Agency Authorized to Receive Criminal Record Information    Mail Code (five-digit code assigned by DOJ)  
27249 Luther Drive    Jodi Caruso  
Street Address or P.O. Box    Contact Name (mandatory for all school submissions)  
Canyon Country    CA    91351    6612527371  
City    State    ZIP Code    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 141068  
Place of Birth (State or Country)    Social Security Number    Misc. Number  
Home Address    Street Address or P.O. Box    City    State    ZIP Code  
(Agency Billing Number)  
(Other Identification Number)

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

Applicant Signature    Date

Your Number:    Level of Service:     DOJ     FBI  
OCA Number (Agency Identifying Number)    (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