



# REQUEST FOR LIVE SCAN SERVICE

**TO BE COMPLETED BY EMPLOYEE SERVICES:**ORI: A0122Mail Code: 13480Billing Code: 149934Agency authorized to receive criminal history information:  
Sonoma State University, Employee Services  
1801 East Cotati Avenue  
Rohnert Park, CA 94928If Resubmission, list original ATI No.: \_\_\_\_\_ Contact: Employee Services - (707) 664-3278**TO BE COMPLETED BY DEPARTMENT:**Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Please Print) Last, First, Middle InitialType of Application: (check one)  State Volunteer  State EmployeeIf State Employee, indicate type:  Staff  Extended Education Instructor  Student Assistant

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Chartfield #: \_\_\_\_\_

Level Of Service:  DOJ  FBI\* \* The addition of the FBI review is indicated when the person has **not** resided in the State of California for **at least one year** immediately preceding the application.

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY LIVE SCAN OPERATOR:**Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator\_\_\_\_\_  
Transmitting Agency ATI No. Amount Billed**TO BE COMPLETED BY APPLICANT:**

Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Number of Years at Current Residence: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO BoxDriver's License No.: \_\_\_\_\_  
City State Zip CodeAlias: \_\_\_\_\_  
Last, First

ORIGINAL – Live Scan Operator; COPY – Applicant; COPY – Employee Services