REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission								
ORI: A6930 Code assigned by DOJ	Type of Applicant: [Classified School	Employee	Crede	entialed Sc	hool Employ	'ee	
The following selections are	for Public Schools only	<i>y</i> :						
License, Certification, Permit Peace Officer			☐ Law Enforcement Officer ☐ ☑ Volunteer					
Type of License/Certification/Pe	ermit <u>OR</u> Working Title: \	OLUNTEER, SCH	OOL SITE:					
	_	(Maximum 30 characters - if a		se exact title assign	ed)			
Contributing Agency Informatio	n:							
DESERT SANDS UNIFIED SCHOOL DISTRICT Agency Authorized to Receive Criminal Record Information			e (five-digit code	e assigned by	DOJ)			
47950 DUNE PALMS RD Street Address or P.O. Box			JOSEPH HYDE, ED.D. Contact Name (mandatory for all school submissions)					
LA QUINTA City	CA 92253 State ZIP Code		7607718712 Contact Telephone Number					
Applicant Information:								
Last Name		First Nam	e		N	/liddle Initial	Suffix	
Other Name: (AKA or Alias)								
Last	_	First					Suffix	
Date of Birth Se.	x Male Female	Driver's Li	cense Number	r				
Height Weight	Eye Color Hair Col	or Billing Number	(Agency Billing	Number)				
Place of Birth (State or Country)	Misc. Number	(Agency Billing	Numbery					
Home			(Other Identifica	ation Number)				
Address Street Address or P.O. Box	City			<u>S</u>	State ZIP Co	ode		
I have received and	read the included Privac	y Notice, Privacy Ac	t Statement	t, and Appli	cant's Priva	icy Rights.		
	Applicant Signature				Date			
Your Number:		Level of	Service:	\boxtimes DOJ	imes FBI			
(OCA Number (Agency	dentifying Number)							
If re-submission, list original AT (Must provide proof of rejection		mber						
Live Scan Transaction Complete	ed By:							
Name of Operator								
Transmitting Agency	LSID	ATI Numb	er		Amount Col	llected/Billed		