



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8537 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)

<u>Contributing Agency Information:</u>		
<u>Leland Stanford Jr. University</u>		<u>06988</u>
<u>Agency Authorized to Receive Criminal Record Information</u>		<u>Mail Code (five-digit code assigned by DOJ)</u>
<u>215 Panama St. Bld. D</u>		<u>Risk Management / Jo Thorne</u>
<u>Street Address or P.O. Box</u>		<u>Contact Name (mandatory for all school submissions)</u>
<u>Stanford</u>	<u>CA</u> <u>94305</u>	<u>(650) 723-4555</u>
<u>City</u>	<u>State</u> <u>ZIP Code</u>	<u>Contact Telephone Number</u>

Applicant Information:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Suffix</u>
<u>Other Name (AKA or Alias) Last</u>	<u>First</u>		<u>Suffix</u>
<u>Date of Birth</u>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Driver's License Number</u>	
<u>Height</u>	<u>Weight</u>	<u>Billing Number</u> <u>144022</u>	<u>(Agency Billing Number)</u>
<u>Eye Color</u>	<u>Hair Color</u>	<u>Misc. Number</u>	<u>(Other Identification Number)</u>
<u>Place of Birth (State or Country)</u>	<u>Social Security Number</u>	<u>City</u>	<u>State</u> <u>ZIP Code</u>
<u>Home Address</u> <u>Street Address or P.O. Box</u>			

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

<u>Employer Name</u>	<u>Mail Code (five digit code assigned by DOJ)</u>
<u>Street Address or P.O. Box</u>	
<u>City</u>	<u>State</u> <u>ZIP Code</u>
	<u>Telephone Number (optional)</u>

Live Scan Transaction Completed By:

<u>Name of Operator</u>	<u>Date</u>
<u>Transmitting Agency</u>	<u>ATI Number</u>
<u>LSID</u>	<u>Amount Collected/Billed</u>