

REQUEST FOR LIVE SCAN SERVICE

(Public Schools or Joint Powers Agencies)

Applicant Submission		
ORI: AB467 San Leandro Type of Applicant: Class	sified School Employee	dentialed School Employee
The following selections are for Public Schools only:		
License, Certification, Permit Peace Officer Lav	w Enforcement Officer 🔀 Volunt	eer
Type of License/Certification/Permit OR Working Title: (Maximum	n 30 characters - if assigned by DOJ, use exact title assig	ned)
Contributing Agency Information:		
San Leandro Unified School Dsitrict Agency Authorized to Receive Criminal Record Information	03541 Mail Code (five-digit code assigned by DOJ)	
835 E14th Street, Suite 200 Street Address or P.O. Box	Michele Felarca Contact Name (mandatory for all school submissions)	
San Leandro CA 94577 City State ZIP Code	(510) 667-3518 Contact Telephone Number	
Applicant Information:		
Last Name	First Name	Middle Initial Suffix
Other Name (AKA or Alias)	First	Suffix
Date of Birth Sex Male Female	Driver's License Number	
Height Eye Color Hair Color	Billing Number (Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc. Number (Other Identification Number)	
Home Address		
Street Address or P.O. Box	City	State ZIP Code
our Number:	Level of Service: X DOJ	⊠ FBI
(OCA Number (Agency Identifying Number)		
f re-submission, list original ATI number: Must provide proof of rejection)	Original ATI Number	
ive Scan Transaction Completed By:		
lame of Operator	Date	
ransmitting Agency LSID	ATI Number	Amount Collected/Billed

Volunteer Live Scan Information

Tarrell Live Scan 27526 Tampa Ave. Hayward, CA 94544

Phone No. 510-786-9182

Fax No. 510-786-2839

Email: tarrelllivescan@gmail.com

Hours: Monday – Friday 9 a.m. – 5 p.m. Saturday 10 a.m. – 2 p.m.

Mobile Fingerprinting available

- will go to our sites
- must schedule dates and times

Cost:

- FBI & DOJ \$47 Volunteers will only pay this price
- Rolling Fee \$15 Will bill the District directly

