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REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Applicant Submission

CA0349435 Type of Application (Check One Only) Record Review Foreign Adoption
ORI (Code assigned by DOJ)

Reason for Application

Contributing Agency Information:

DEPARTMENT OF JUSTICE
Agency Authorized to Receive Criminal Record Information
P.O. BOX 160207
Street Address or P.O. Box
SACRAMENTO **CA** **95816-0207**
City State ZIP Code

07041
Mail Code (five-digit code assigned by DOJ)
RECORD REVIEW UNIT
Contact Name (mandatory for all school submissions)
(916) 227-3835
Contact Telephone Number

Applicant Information:

Last Name _____
Other Name (AKA or Alias) Last _____
Date of Birth _____ Sex Male Female
Height _____ Weight _____ Eye Color _____ Hair Color _____
Place of Birth (State or Country) _____ Social Security Number _____
Street Address or P.O. Box _____

First Name _____ Middle Initial _____ Suffix _____
First _____ Suffix _____
Driver's License Number _____
Misc. Number (Other Identification Number) _____
Telephone Number _____
City _____ State _____ ZIP Code _____

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

Applicant Signature _____

Date _____

Level of Service: DOJ Only

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

- Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))
- Designee – Do not include Employer: (Optional for individual designated by applicant pursuant to Penal Code section 11124)

Designee or Embassy Name _____

Street Address or P.O. Box _____

City _____ State _____ Country _____ ZIP Code _____ Telephone Number _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____