

Bring completed forms signed by the school Principal and your driver's license or other photo ID to your fingerprinting appointment.



## SCHOOL EMPLOYEE REQUEST FOR LIVE SCAN SERVICE

Archdiocese of Los Angeles  
3424 Wilshire Blvd., Los Angeles, CA 90010-2241  
Contact Name: Dn. Jaime Abrera, Jr. (213) 637-7680

ORI: A3946  
Agency Billing Number: 145663  
Mail Code: 09496

**Paid Staff/Employee (Job Title):** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ **Principal Signature:** \_\_\_\_\_  
(Please Print)

### Applicant Information

**Name:** \_\_\_\_\_  
(Please print) Last First MI

**Alias:** \_\_\_\_\_  
Last First MI

**Home Address:** \_\_\_\_\_  
Street No. Street City/State/Zip Code

**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth (State or Country):** \_\_\_\_\_

**Sex:** M / F **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**OCA #** \_\_\_\_\_ **Level of Service:** FBI  DOJ

**Name of School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Live Scan Transaction Completed By** \_\_\_\_\_

If resubmission, list Original ATI No. \_\_\_\_\_

Archdiocese of Los Angeles  
(Transmitting Agency) **ATI No.** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information above may be verified and used by the Archdiocese of Los Angeles and its entities for reports and clearances.  
I agree to such use and to hold harmless the Archdiocese and its entities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_