



Mt. Diablo Unified School District

VOLUNTEERS

REQUEST FOR LIVESCAN SERVICE - APPLICATION SUBMISSION

APPLICATION INFORMATION

Name Last First Middle

Alias/Maiden Name Last First Middle

Date of Birth mm/dd/year Male Or Female

Height Weight Eye Color Hair Color

Place of Birth

If born within the United States: City State

If born outside the United States:

City State Country

Country of Citizenship Documented: Yes No

Social Security # CA Drivers Lic. #

Street Address

City State ZIP Code

Years Resident of California Telephone

Job Title VOLUNTEER School Site

PERSONNEL USE ONLY

ORI: A1160

Level of Service Requested: DOJ FBI

Agency Billing#: BIL-110182

Type of Application: Volunteer

Email Code: 03226 Volunteer

Operator Name

Person Requesting Clearance

Transmittal Date

ATI #:

Resubmittal Date

R2 ATI #:

Date of DOJ Response