

SAN DIEGO COUNTY SCHOOLS CLEARINGHOUSE FINGERPRINT

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

Clearinghouse fingerprints should be completed at an SDCOE Live Scan facility.

Fingerprint appointments can be scheduled at: www.sdcoe.net/livescan

ORI: **A1270**

Type of Application: Credential or Permit holder Classified / Volunteer

Job Title or Type of License, Certificate or Permit: _____

Level of Service:

DOJ

FBI

--- Contributing Agency ---

SAN DIEGO COUNTY OFFICE OF EDUCATION
Credential Services
6401 Linda Vista Road, Room 404
San Diego, CA 92111-7399

Mail Code: **04166**
Contact Name: Credential Services
Contact Telephone Number: 858-292-3581
E-mail: sdcred@sdcoe.net

--- To Be Completed By Applicant ---

Name of Applicant: (Last) _____ (First) _____ (MI) _____

AKA(s): _____

Driver's License No.: _____

DOB: ____ / ____ / ____ SEX: Male Female

Misc. BIL-#: _____ **N/A**

HT: _____ WT: _____

Phone Number: _____

Eye Color: _____ Hair Color: _____

Address: _____

Place of Birth: _____

SSN: _____

--- School District or Agency Use Only ---

School District or Agency Name: _____

Contact Name: _____

Telephone Number: _____ E-Mail: _____

School District or Agency Billing Number: _____

--- Agency Use Only ---

Your Number: _____ If resubmission, record "original" ATI No: _____
(OCA No./Applicant SS#)

--- SDCOE Use Only ---

Date: ____ / ____ / ____ Technician: _____ Terminal No.: _____

ATI No: _____ Amt Collected: \$ _____