

# 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](http://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](mailto: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: \$ \_\_\_\_\_