



# REQUEST FOR LIVE SCAN SERVICE

**Please call 707-664-4444 to make a LiveScan appt (Tuesday through Thursday, from 8:00 am to 4:00 pm)**

ORI: A0122

Mail Code: 13480

Billing Code: 149934

Agency authorized to receive criminal history information:

Sonoma State University, University Personnel

1801 East Cotati Avenue

Rohnert Park, CA 94928

If Resubmission, list original ATI No.: \_\_\_\_\_ Contact: hr@sonoma.edu - (707) 664-3100

### TO BE COMPLETED BY DEPARTMENT:

Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Please Print) Last, First, Middle Initial

Type of Application: (check one)  State Volunteer  State Employee

If State Employee, indicate type:  Staff  Extended Education Instructor  Student Assistant

Department Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Chartfield #: \_\_\_\_\_

Level Of Service:  DOJ  FBI\* \* The addition of the FBI review is indicated when the person has **not** resided in the State of California for **at least one year** immediately preceding the application.

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY LIVE SCAN OPERATOR:

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Billed \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT:

Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Number of Years at Current Residence: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alias: \_\_\_\_\_  
Last, First

**ORIGINAL – Live Scan Operator; COPY – Applicant; COPY – University Personnel**

## **Information Practices Act Notice (Civil Code § 1798.17)**

This information is being requested by Sonoma State University. Sonoma State University is authorized to maintain this information pursuant to Education Code §§ 89500, 89535. Submission of the information requested on this form is mandatory. Failure to provide the requested information will mean that you will be ineligible for the position you are seeking. The principal purpose for which this information is to be used is to assist the University in evaluating your eligibility, qualifications, and suitability for the position you are seeking. You have a right of access to records containing personal information maintained by Sonoma State University. The name, business address and telephone number of the person at Sonoma State University who is responsible for maintaining the requested information and will be able to inform you of the location of this information is: University Personnel, [human.resources@sonoma.edu](mailto:human.resources@sonoma.edu).