

SAN DIEGO COUNTY SCHOOLS CLEARINGHOUSE FINGERPRINT

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

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

Please bring 2 copies of this form.

Schedule a fingerprint appointment at: <https://ims.sdcoe.net/livescan>

SDCOE / Linda Vista: Room 104 or NCREC / San Marcos: Room 102

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

Please Note: 1- Applicant fingerprints requiring FBI level of service will be used to search the criminal history of the FBI pursuant to Federal Public Law 92-544.

--- Contributing Agency ---

SAN DIEGO COUNTY OFFICE OF EDUCATION
Credential Services
6401 Linda Vista Road, Room 104
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: \$ _____