



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3032

ORI (Code assigned by DOJ)

Type Title of Position

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Menlo School

Agency Authorized to Receive Criminal Record Information

50 Valparaiso Avenue

Street Address or P.O. Box

Atherton

City

CA 94025

State ZIP Code

00965

Mail Code (five-digit code assigned by DOJ)

Jeanne Honig

Contact Name (mandatory for all school submissions)

(650) 330-2088

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

A00965
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Menlo School

Employer Name

50 Valparaiso

Street Address or P.O. Box

Atherton

City

CA

State

94027

ZIP Code

00965

Mail Code (five digit code assigned by DOJ)

450-330-2088

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed