

NOVATO UNIFIED SCHOOL DISTRICT
1015 Seventh Street ♦ Novato CA 94945
COMPUTER DATA ENTRY & VERIFICATION
For VOLUNTEER WORK

Position: _____ School/Department: _____

Name: _____

ADDRESS: _____ Telephone # _____

Street

City

Zip

Cell Phone _____

Email _____

- Identification

Attach a copy of one document from list A & B or C

A. Copy of Driver's License
US Military Card

AND

B. United States Passport
Certificate of US Citizenship or Naturalization
Alien Registration Card with Photo

OR

C. Original Social Security Card
Birth Certificate
INS Employment Authorization Form

- TB Verification

Signature

Date

If you are a guardian, and/or working with individual students or a small group of students in an unsupervised setting, it may be necessary for you to have a fingerprint criminal history clearance prior to volunteering for the NUSD.

Attach this form to all backup paperwork: ID verification and TB test results.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: A0523 Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

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

Contributing Agency Information:

NOVATO UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information
1015 SEVENTH STREET
Street Address or P.O. Box
NOVATO CA 94945
City State ZIP Code

01897
Mail Code (five-digit code assigned by DOJ)
LILLIAN RINCON
Contact Name (mandatory for all school submissions)
(415) 897-4220
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: NUSD2165
(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

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____