

NOVATO UNIFIED SCHOOL DISTRICT  
1015 Seventh Street • Novato CA 94945  
COMPUTER DATA ENTRY & VERIFICATION  
NOVATO CHARTER SCHOOL

Position: \_\_\_\_\_ School/Department: NOVATO CHARTER SCHOOL

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

ADDRESS: \_\_\_\_\_  
Street

Telephone # \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_