

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: _____ Telephone # _____

Street

_____ Cell Phone _____

City

Zip

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)

[Print Form](#)

[Reset Form](#)

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: Novato Charter School
(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)
JENNIFER ALBINI Contact Name (mandatory for all school submissions)
4154934246 Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
Other Name (AKA or Alias) Last First Suffix
Date of Birth Sex Male Female Driver's License Number
Height Weight Eye Color Hair Color Billing Number APPLICANT MUST PAY
Place of Birth (State or Country) Social Security Number Misc. Number
Home Address Street Address or P.O. Box City State ZIP Code
(Agency Billing Number)
(Other Identification Number)

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