



Novato Unified School District  
1015 Seventh Street  
Novato, California 94945

## Exhibit 4212 (1): Appointment And Conditions Of Employment - Live Scan Form

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### LIVE SCAN FORM

The Live Scan Form follows this cover sheet.



### 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: \_\_\_\_\_  
(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 \_\_\_\_\_  
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 APPLICANT MUST PAY  
(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 \_\_\_\_\_