



Volunteer Fingerprint Instructions

1. Complete the **Request for Live Scan Service** form.
 - a. Fill out all the **Applicant Information** section (See illustration below for reference only).
 - b. Fill out the **Type of License/Certification/Permit OR Working Title** section with the following information:

Field Trip Driver or Chaperone

2. Take the completed live scan form to any live scan location for fingerprint processing.
 - a. Keep the completed form for your records. The District does not need a copy of the form.
3. Return to your school site and submit a check made payable to OUSD for \$47. This fee is the DOJ/ FBI background check cost that is billed to the Business Department.
4. Once fingerprint clearance has been received by the District, Human Resources will notify the school site of the clearance.



STATE OF CALIFORNIA
SCIA 8015A
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

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

Applicant Submission

ORI: AD927 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:

Orinda Union School District		01915
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)
8 Altarinda Road		Jennifer Valencia
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)
Orinda	CA 94563	(925) 258-6207
City	State ZIP Code	Contact Telephone Number

Applicant Information:

Last Name _____		First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____		First _____	Suffix _____	
Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____	Weight _____	Eye Color _____	Hair Color _____	Billing Number <u>140281</u>
Place of Birth (State or Country) _____		Social Security Number _____		(Agency Billing Number)
Home Address _____		Misc. Number _____		
Street Address or P.O. Box _____		(Other Identification Number)		
City _____		State ZIP Code _____		

