

**Willow Glen United Methodist Church
Protecting our Children and Youth**

Fingerprinting Information

LiveScan Electronic Fingerprinting

Electronic fingerprinting can be done at the following locations:

- 1. Santa Clara County Sheriff's Office**
55 West Younger Avenue Cost: \$10 for volunteers
San Jose, CA 95110
408-808-4760 Appt: Monday - Friday, 7:30am - 4pm
You must make an appointment by calling (408) 808-4760 or online at
sheriff.livescan.sccsheriff.org

- 2. UPS Store** (Between Cherry and Branham)
4750 Almaden Expressway Suite 124 Cost: \$27.50
San Jose, CA 95118
408-264-8800 Walk-ins: 10am-5pm
Call ahead to be sure there is someone available to fingerprint you.

Important Information

You will need a photo ID in order to be fingerprinted.

Complete the attached "Request for Live Scan Service" form and take it with you to the appointment.

Important information for request

ORI:	A2830	Type of Application:	Volunteer
Job Title:	Volunteer	Mailing Code:	00000 (or n/a)
Contact Name:	Susan Grace Smith	Agency Billing #:	145304
Authorized Agency:	Willow Glen UMC		
	1420 Newport Avenue		
	San Jose, CA 95125	OCA:	A0448
	(408) 294-9796		

If you would like to be reimbursed for this expense, please submit receipt to Susan Smith.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A2830
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

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

Contributing Agency Information:

Willow Glen UMC
Agency Authorized to Receive Criminal Record Information

00000
Mail Code (five-digit code assigned by DOJ)

1420 Newport Avenue
Street Address or P.O. Box

Susan Smith
Contact Name (mandatory for all school submissions)

San Jose
City

CA ☐ State 95125
ZIP Code

408-294-97
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 145304
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ☐ ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: A0448
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ☐ ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed