State of California Department of Justice

REQUEST FOR LIVE SCAN SERVICE

ORI: <u>A1240</u> Ty	vne of Application:	Employmer	nt	1
Applicant Job Title:				
Agency Address Set Contribu	ting Agency:			
University of California, F	Riverside		02197	_
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ)	_
1223 University Avenue, Street No. Street	Suite 200		Mariela Bridges Contact Name (Mandatory for all school submission	one)
		04	•	0113)
Riverside C	CA 9252 State	Zip Code	(951) 827-3641 Contact Telephone No.	-
Name of Applicant:	Look	First	MI	2
Alias:	First		Driver's License No:	-
Date of birth:	Sex: Male	e Female	Misc. No.: BIL -155892 Agency Billing Number	-
Height: We	eight:		Citizenship:	-
			Home Address:	
Eye Color: Ha	ir Color:		Street No. Street or PO Box	_
Place of Birth:				
City, State and Zip Code Social Security Number:				
Social Security Number:				
Level of Service: Check DOJ & FBI for care Check DOJ Only for care critical, casual-restricted positions.	eer non-critical, casua	<u>.</u>	Level of Service: DOJ Only DOJ & FBI	3
Live Scan Transaction Completed By:				
Department: Ext:				

Office of Record: UCR Auxiliary Services