

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

SECTION 1	<p>Agency Address Set Contributing Agency:</p> <p>UCSD Human Resources Department 10280 N. Torrey Pines Road, Suite 266 La Jolla, CA 92093</p> <p>OCA No. (Agency Identifying No.): 144529</p> <p style="text-align: right;">Mail Code Assigned by DOJ: 07653 Contact: UCSD Human Resources Contact Telephone Number: (858) 534-9691</p> <p style="text-align: right;">ORI (Code Assigned by DOJ): A2004</p>
SECTION 2	<p>TO BE COMPLETED BY REQUESTING DEPARTMENT</p> <p>Department Name: <u>Family Medicine & Public Health</u> Index No.: <u>Pd by Client</u> Job No.: _____</p> <p>Hiring Supervisor: <u>Danielle Nghiem</u> E-Mail: <u>dnghiem@ucsd.edu</u> Phone: <u>(209) 879-3039</u></p> <p>Dept. HR Contact: <u>Adriana Reprieto</u> E-Mail: <u>areprieto@ucsd.edu</u> Phone: _____</p> <p>Type of Application: <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Volunteer</p> <p>Job Title or Volunteer Position: _____</p> <p>Level of Service: <input checked="" type="checkbox"/> Check One <input type="checkbox"/> DOJ <input checked="" type="checkbox"/> DOJ and FBI</p> <p>If Resubmission, List Original ATI Number: _____</p>
SECTION 3	<p>TO BE COMPLETED BY APPLICANT</p> <p>Name of Applicant: _____</p> <p style="text-align: center;">Last First Middle</p> <p>Other Name(s), Alias: _____</p> <p style="text-align: center;">Last First Middle</p> <p>Home Address: _____</p> <p style="text-align: center;">Street or P.O. Box City, State, and Zip Code</p> <p>Driver License Number: _____ Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name as it Appears on License: _____</p> <p style="text-align: center;">Last First Middle</p> <p>Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____</p> <p>Place of Birth: _____ Social Security Number: _____</p>
SECTION 4	<p>UCSD Human Resources Use Transmitting Agency: UCSD Human Resources</p> <p>Live Scan Transaction Completed By: _____ Date: _____</p> <p style="text-align: center;">Name of Operator</p> <p>ATI Number: _____ Amount Billed/Collected: _____</p>

INSTRUCTIONS TO APPLICANT:

- Complete and sign the Release and Request Forms supplied by the UCSD Requesting Department requiring your fingerprints.
- Make a live scan appointment by calling UCSD Human Resources at (858) 534-9691 or by sending an email to livescan@ucsd.edu. Appointments are available weekdays, 8:30 a.m. to 4 p.m.
- Bring your "Request For Live Scan Service" Form, your Background Check Release Form, and a valid photo ID to UCSD Human Resources, Torrey Pines Center South, 10280 N.Torrey Pines Road, Suite 266, San Diego, CA 92093. For directions, you may call (858) 534-9691.
- The UCSD Requesting Department will be responsible for the payment of any rolling and/or processing fees.