



**MT. DIABLO UNIFIED SCHOOL DISTRICT
JAMES W. DENT EDUCATION CENTER**

1936 Carlotta Drive
Concord, California 94519-1397
www.mdusd.org
(925) 682-8000

PERSONNEL SERVICES

From: Personnel Office

Subject: **FINGERPRINTING PROCESS FOR VOLUNTEERING WITHIN
THE MT. DIABLO UNIFIED SCHOOL DISTRICT.**

Thank you for volunteering your time to help at _____.

Administrative Regulation (AR) 1240, approved by the Board of Education on August 26, 2003, states that all volunteers have fingerprint clearance and evidence of freedom from active tuberculosis (TB).

Effective July 1, 2009, there will be a \$32.00 fingerprinting charge payable in Cash (exact cash please), Money Order, or Cashier's Check made payable to Mt. Diablo Unified School District...**NO PERSONAL CHECKS WILL BE ACCEPTED.** The Mt. Diablo Unified School District Personnel Office is located at the above address. *Evidence of a negative tuberculosis test done within the last 60 days must be provided to the Personnel Office at the time of your scheduled fingerprint appointment.* TB clearance remains valid for 4 years and fingerprints remain valid for the duration of your volunteering within the school district.

Please contact the Personnel Office at (925) 682-8000 x 4153 to schedule your fingerprint appointment.

When you come in for your appointment, please bring your TB clearance, \$32.00, and this letter with you. Again, thank you for your time and support for our students.

Volunteer Name: _____

Student Name: _____

TB Expiration Date: _____

Fingerprints do not have an expiration date.

Volunteer – Please keep a copy of this form and your current TB test results for your records. You may need to provide this when your child(ren) changes school sites.



Mt. Diablo Unified School District

REQUEST FOR LIVESCAN SERVICE – APPLICATION SUBMISSION

APPLICATION INFORMATION

Name _____
Last First Middle

Alias/Maiden Name _____

Last	First	Middle
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Date of Birth _____ ☐ Male Or ☐ Female
mm/dd/year

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth

If born within the United States: City _____ State _____

If born outside the United States:

City _____ State _____ Country _____

Country of Citizenship _____ Documented: ☐ Yes ☐ No

Social Security # - - CA Drivers Lic. #

Street Address _____

City _____ State _____ ZIP Code _____

Years Resident of California _____ Telephone # (____) _____

Job Title VOLUNTEER School Site _____

PERSONNEL USE ONLY

ORI: A1160

Level of Service Requested: ☒ DOJ ☐ FBI

Agency Billing#: BIL-110182

Type of Application: ☒ Volunteer

Email Code: 03226 Volunteer

Operator Name

Person Requesting Clearance

Transmittal Date

ATI #: _____

Resubmittal Date

R2 ATI #: _____

Date of DOJ Response