## **ED 140 FIELDWORK FINGER-PRINTING REQUIREMENTS**

If you are doing field work at an ED 140-sponsored 21<sup>st</sup> Century school site, you must be finger-printed for background clearance. Please make an appointment this week with Diana Bitz, Department of Catholic Schools (DCS), to be fingerprinted. Her address and phone number are provided below. Please note that some independent sites may also require finger-printing. It is up to you to find out their policy and comply with it.

After your background check is completed, <u>if you are over the age of 21, you may work</u> with a group of students without another staff member being present. However, if you are <u>under 21, you may not supervise a group of students unless another supervisor over the age of 21 is present.</u>

Please complete the attached Livescan form and take it with you to the appointment. The fee for the service is \$20, which must be paid at the time you are finger-printed. You will be reimbursed for this fee if you stay enrolled in ED 140 this semester.

To schedule an appointment to be finger-printed, contact:

Diana Bitz

Safe Environment Coordinator

Diocese of Oakland

2121 Harrison St.

Oakland, CA 94612

510.267.8315

510.419.0774 (fax)

dbitz@oakdiocese.org

If you have questions about fingerprinting please check with Professor Hull, your GSI, or UCB 21<sup>st</sup> Century staff.



## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission		
ORI: AA846	Type of Application: VOLUNTEER	
(Code assigned by DOJ)	Authorized Applicant Type	
ype of License/Certification/Permit	Parish/School/Diocesan Site	
Contributing Agency Information:		
DIOCESE OF OAKLAND	01051	
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
2121 Harrison Street	Diana Bitz	
Street Address or P.O. Box	Contact Name (mandatory for all submissions)	
Oakland CA 9461	(510) 267-8315	
City State ZIP C		
Applicant Information:		
Last Name	First Name	Middle Initial Suffix
Other Name		
(AKA or Alias) Last F	irst	
Date of Birth Sex Male Female	Driver's License Number	
Weight To Olive Te	Billing	
Height Weight Eye Color Hai	r Color Number 140662 (Agency Billing Number)	
Place of Birth (State or Country)  Telephone Number	Misc. Number	
Tido of Birth (State of Country)	(Other Identification Number)	
Home		
Address Street Address or P.O. Box	City	State ZIP Code
Your Number:	Level of Service: X DOJ ONLY	
OCA Number (Agency Identifying Number)		
	<u>DOJ ONLY</u>	
If re-submission, list original ATI number:	Original ATI Number	
(Must provide proof of rejection)		
DIOCESAN SITE INFORMATION		
PARISH/SCHOOL SITE:		
	Mail Code (five digit code assigned by DOJ)	
CITY		
Live Scan Transaction Completed By:		
Name of Operator	Date	
TransmittingAgency LSID	ATI Number Amount	Collected/Billed