



# California State University San Bernardino Police Department

## Request for Live Scan Service

Date

Department

Office/Room

LEVEL OF SUBMISSION REQUESTED:  Department of Justice (CA)  FBI

### Charge Back Account

Chart Field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Account</i>	<i>Fund</i>	<i>Dept. ID</i>	<i>Program</i>	<i>Class</i>	<i>Project</i>

### Individual Authorized to receive DOJ information:

UP use: Release  
Waivers on File:

Name  Phone / Extension

E-mail

Name  Phone / Extension

E-mail

Name  Phone / Extension

E-mail

Form Completed by:  Phone / Extension

\_\_\_\_\_  
Department Head / Chair Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### University Police

Received on: \_\_\_\_\_ Initials \_\_\_\_\_

Date Approved: \_\_\_\_\_

**- By Appointment Only -**

**Please call to make an appointment or if you have additional questions  
at  
(909) 537-3552**