



San Diego Unified School District  
Community Relations Department  
School Police Services

**REQUEST TO CONDUCT VOLUNTEER SCREENING**  
**(Please check the appropriate request)**

**CATEGORY C VOLUNTEER - CRIMINAL BACKGROUND CHECK**

**CATEGORY D VOLUNTEER - FINGERPRINT**

Caren Holtzman  
(858) 534-1685

Date: \_\_\_\_\_ Requesting School: University of California San Diego Vol. Coord. choltzman@ucsd.edu

Volunteer Name: \_\_\_\_\_  
First Name Full Middle Name Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List any other names used in the past: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gov. Issued ID Type: \_\_\_\_\_  
Month Day Year ID # \_\_\_\_\_

\*\*\*\*\*

**For SDUSD School Police Services office use only:**

Ok to volunteer  Deny as volunteer

By: \_\_\_\_\_ Date: \_\_\_\_\_  
SDUSD School Police Services

\*\*\*\*\*