



LIVE SCAN CLEARANCE NOTIFICATION REQUEST

INSTRUCTOR NAME: _____

EMAIL OF PERSON TO RECEIVE CLEARANCE OF NOTICE: _____

COURSE NAME: _____ SECTION: _____ NUMBER: _____

- ▶ Please confirm correct spelling and correct identification numbers.
- ▶ Save and send this completed electronic file to: DMurrell@csustan.edu

(if available)

LAST NAME	FIRST NAME	LAST 4 OF SS#	STUDENT ID#