CALIFORNIA STATE UNIVERSITY
Stanislaus

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Clear Form

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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
- Send completed form to DMurrell@csustan.edu

Last Name	First Name	(If Available) Last 4 of SS #	Student ID #

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