



# Los Angeles Unified School District Intern, Credentialing, and Added Authorization Program Transcript Request Form



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employee Number \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

**Status of Employment:**

**Status in the Program:**

Active     Inactive Date \_\_\_\_\_

Current     Culminated Date \_\_\_\_\_

**Check which program you were/are in:**

Multiple Subject

Single Subject

Education Specialist

CENTSE

Added Authorization Program (ASD, ECSE, Bilingual, Reading, etc.)

Induction Program

Misc.

**Send request to the following email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Email this form to [icaap@lausd.net](mailto:icaap@lausd.net). If you have forms that need to be completed by the Program Office, please mail or fax them to:*

LAUSD/District Intern Program  
333 South Beaudry Avenue Los Angeles, CA 90017-1494  
Attn: Transcript Preparer, 14th Floor 213-241-5466 Office  
213-241-5494 Fax