



LOS ANGELES UNIFIED SCHOOL DISTRICT
Personnel Commission - Classified Employment Services Branch
 333 S. Beaudry Ave., 12th Floor
 Los Angeles, CA 90017
 Tel.: (213) 241-6300 / Fax: (213) 241-6808

EMPLOYMENT FILE REQUEST FORM (CLASSIFIED)

Please submit a completed, signed form to the Classified Employment Services Branch. If you have questions concerning the completion or submission of this request, please call the Classified Employment Services Branch at (213) 241-6300 or email via classifiedpersonnel@lausd.net. **Incomplete request forms will not be processed.**

Section 1: Employee Information			
Employee's Name (Last, First, Middle Initial): Enter Text		Employee #: Enter Text	
Most Recent Job Title: Enter Text		Social Security #: (Last Four Digits Only) Enter Text	
Home Address: Enter Text		City: Enter Text	State: Enter Text
			Zip: Enter Text
LAUSD Email Address: Enter Text		Phone #: Enter Text	Fax #: Enter Text
Other names used while employed with LAUSD: Enter Text			
Check <u>only one</u> option to indicate what YOU would like to request:			
<input type="checkbox"/> Employment (service) file <input type="checkbox"/> Other – Employment dates and titles only <input type="checkbox"/> Special release to third party*– employment summary (law enforcement) Agency: Enter Text <i>*Agency release of information form (signed by employee/former employee) <u>must</u> be submitted with this form.</i>			
Check <u>only one</u> option to indicate how YOU would like to receive the information:			
<input type="checkbox"/> Request File Review Appointment* - Date: Enter Text Time: Enter Text <input type="checkbox"/> Email (requestor's active lausd.net account only)			
Section 2: Employee Signature			
The employee must provide a signature in order to authorize the release of the employee file.			
I authorize the release and full disclosure of any and all documentation that the Los Angeles Unified School District (LAUSD) may have concerning my employment file, including information of a confidential or privilege nature to the address listed in section 1 or section 2 (if indicated) of this form. I hereby release the LAUSD and its staff from liability or damage which may result from furnishing the information requested.			
Employee's Signature:			Date: