

Los Angeles Unified School District
Intern, Credentialing,
and Added Authorization Program
iCAAP

Transcript Request Form

First Name _____ Last Name _____
Home/Cell Phone _____ E-mail _____
Employee Number _____ Social Security Number (last 4) _____

Status of Employment:

Active Inactive Date _____

Status in the program:

Current Culminated Date _____

Check which program you were/are in:

Multiple Subject	CENTSE
Single Subject	Induction Program
Education Specialist	Added Authorization Program
Misc.	(ASD, ECSE, Bilingual, Reading, etc.)

Please send a copy of my transcript to

Name of Organization _____
Person receiving the transcript _____
Email address _____

Please send me a copy of my transcript. (Please check all boxes in agreement).

I understand any transcripts I receive are unofficial transcripts.

I understand official transcripts for the processing of salary points are submitted to Salary Allocation by iCAAP Staff.

I agree not to submit unofficial transcript(s) to Salary Allocation

Signature: _____ Date: _____

Please Note:

iCAAP batch submits all official transcripts to the Salary Allocation Unit for the processing of Salary Points. All transcripts provided to individuals are unofficial and will NOT be verified by iCAAP staff for the processing of salary points. Official transcripts are submitted by request to organizations, out of district schools, and universities for verification of programs completed.

Email this from to: icaap@lausd.net. In the subject field add: Request for Transcript If you have forms that need to be completed by the Program Office, Please email to: Jennifer Detar at jennifer.detar@lausd.net and icaap@lausd.net.

Or send a copy of your request to: 333 Beaudry Avenue, 15th Floor, Atten: iCAAP, Los Angeles, Ca 90017

FOR OFFICE USE ONLY

Date request for transcript received: _____ Date transcript email was sent: _____

Please select the option where transcript was sent

Form completed by: _____