



Los Angeles School Police Department

Records Management Unit

125 N. Beaudry Ave., Los Angeles, CA. 90012

Ph. (213) 202-4516 • Fax (213) 202-8680

REQUEST FOR POLICE REPORT

To request a copy of a Los Angeles School Police Report you must complete the Request for Police Report Form and provide all corresponding documentation via mail or in-person. The processing fee for each report requested is \$15.00. Requests are processed in the order received; the current processing time is 4-6 weeks. Once the report is ready, it will be mailed to you unless other arrangements have been discussed.

To request a report, please provide:

1. A complete **Request for Police Report Form**.
2. A personal check or Money Order for the \$15.00 fee, payable to the **Los Angeles Unified School District** (fee waived for active LAUSD employees).
3. A copy of current proof of identification (i.e. Drivers' License, passport, California ID card).
4. A Release Form/Waiver - If the request is on behalf of another party, a valid release form must be attached. Where applicable, such as in 3rd party requests (attorneys, military, etc.), please attach a waiver signed by candidate or subject.
5. Signature - Please be sure to sign your request (agencies: sign and indicate your agency title). Requests with no authorizing signature will be returned immediately and unprocessed.
6. Employee Number - If you are an employee of the **Los Angeles Unified School District**, please include your employee number.

Mail your request to: Los Angeles School Police Department

Records Management Unit

Attn: Custodian of Records

125 N. Beaudry Avenue

Los Angeles, CA 90012

For further assistance please call (213) 202-4516.



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REQUEST FOR POLICE REPORT FORM

**** CONFIDENTIAL ****

Date of Request: _____

Police Report Number (SP#, CFS, DR#, other): _____

Victim Name and Date of Birth (if applicable): _____

| | | |
|--|-------------|----------------------|
| | Name | Date of Birth |
|--|-------------|----------------------|

List other parties involved (if applicable):

Report Information (Include date and description of incident):

Location of Incident (School / District Site / Intersection):

Reason for Request (i.e. court/legal, Personal, LAUSD): _____

Requestor's Contact Information:

- Government Agency LAUSD Employee – EN# _____ LAUSD Risk Management
- LAUSD School/Office Law Enforcement Agency _____ Sedgwick Victim/Parent/Attorney
- Other _____

Name: _____

Title: _____

Contact Telephone#: _____

Fax: _____

Email: _____

Mailing Address: _____

City/State: _____

Zip Code: _____

LASPD Processing Fee: \$15.00 per request • **Processing fee is waived for LAUSD employees with active employee number.**

Make Money Order or Personal Check Payable to: Los Angeles Unified School District

PROCESSING TIME: 4-6 WEEKS