

LOS ANGELES UNIFIED SCHOOL DISTRICT

Foster Youth Achievement Program

STUDENT TRACER REQUEST

Please provide student's complete name and/or aliases and other supporting information. Incomplete or missing information will not produce an accurate tracer. **All fields marked with an asterisk (*) are required.**

Student Last Name*	Student First Name*	DOB*	Grade	Last School Attended

Student's Current or Last Known Address: _____

Is this information going to be used for a child abuse investigation? * YES ☐ NO ☐

Is the information necessary to protect the health and safety of the student or other individuals? * YES ☐ NO ☐

Mother's Name*	Mother's Address	Father's Name	Father's Address

Name of Agency Requesting Information: * _____

Name of Person Requesting Information: * _____ * ID # _____

Telephone Number*: (____) _____ Fax Number*: (____) _____

TRACER RESPONSE

Student Name	DOB	Enrolled in LAUSD School?	Name of School (If Applicable)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAUSD Employee's Name: _____ Date: _____

Please scan/email this form to: FYAP@LAUSD.NET

If you have any questions, please call the Foster Youth Achievement Program at: **(213)241-3552**