



Los Angeles Unified School District

District Intern Program

Transcript Request Card



First Name _____ Last Name _____

Home/Cell Phone _____ E-mail _____

Employee Number _____ Last 4 of SSN _____

Status of Employment:

☐ Active ☐ Inactive Date _____

Status in the DI Program:

☐ Current ☐ Culminated Date _____

Check which program you were/are in:

☐ Single Subject ☐ Multiple Subject ☐ Special Education ☐ Middle School Core

Send request to the following address:

Address #1 _____ Number of Copies _____

City/State _____ Attn: _____

Address #2 _____ Number of Copies _____

City/State _____ Attn: _____

Transcript request takes approximately 14 days after an e-mail response receipt. If you have not received a response, 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