



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources Division - Office of Employee Relations**  
333 S. Beaudry Ave., 14th Floor, Los Angeles, CA 90017  
Fax: (213) 241-8404  
Email: [employeerelations@lausd.net](mailto:employeerelations@lausd.net)

**CERTIFICATED EMPLOYEE FILE REQUEST FORM**

Please submit a completed, signed form to the Employee Relations Section. If you have questions concerning the completion or submission of this request, please email the Employee Relations Section at [employeerelations@lausd.net](mailto:employeerelations@lausd.net). Incomplete request forms will not be processed.

**Section 1: Employee Information**

This section must be completed so that we may access the employee's records.

<b>Employee's Name (Last, First, Middle Initial):</b>		<b>Most Recent LAUSD Job Title:</b>	
<b>Employee #:</b>		<b>Last 4 digits Social Security #:</b>	
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email Address:</b>	<b>Phone #:</b>	<b>Fax #:</b>	
<b>Other names used while employed with LAUSD:</b>			

**Check only one box to indicate how YOU would like to receive the information:**

LAUSD Email  
(Current Employee ONLY)

U.S. Mail  
(Notarized Signature Required;  
Processing fee imposed)

Email Non-LAUSD  
(Former Employee ONLY  
Notarized Signature Required)

Hold for Pickup  
(Fee Imposed - ID Required)

**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 privileged nature. I hereby release the LAUSD and its staff from liability or damage which may result from furnishing the information requested.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 3: Notary Seal**

State of California \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_,  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

(seal)  
Place seal here

Signature \_\_\_\_\_  
*Signature of Notary Public*