



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources Division - Employee Relations Section**  
333 S. Beaudry Ave., 14th Floor  
Los Angeles, CA 90017  
Tel.: (213) 241-6591 / Fax: (213) 241-8404  
Email: 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 call the Employee Relations Section at (213) 241-6591. 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.			
Employee's Name (Last, First, Middle Initial):		Most Recent LAUSD Job Title:	
Employee #:		Last 4 digits Social Security #:	
Home Address:		City:	State: Zip:
Email Address:		Phone #:	Fax #:
Other names used while employed with LAUSD:			
Check <b>only one</b> box to indicate how YOU would like to receive the information:			
Email (LAUSD Email only) <input type="checkbox"/>	Hold for Pick-up (Fee Imposed - ID Required) <input type="checkbox"/>	U.S. Mail (Fee Imposed) <input type="checkbox"/>	Email Non-LAUSD* (Notarized Signature Required) <input type="checkbox"/>
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	