

Los Angeles Unified School District  
Intern, Credentialing,  
and Added Authorization Program  
**iCAAP**

**Transcript Request Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Employee Number \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

**Status of Employment:**

Active      Inactive Date \_\_\_\_\_

**Status in the program:**

Current      Culminated Date \_\_\_\_\_

**Check which program you were/are in:**

Multiple Subject	CENTSE
Single Subject	Induction Program
Education Specialist	Added Authorization Program
Misc.	(ASD, ECSE, Bilingual, Reading, etc.)

**Please send a copy of my transcript to**

Name of Organization \_\_\_\_\_  
Person receiving the transcript \_\_\_\_\_  
Email address \_\_\_\_\_

Please send me a copy of my transcript. (Please check all boxes in agreement).

I understand any transcripts I receive are unofficial transcripts.

I understand official transcripts for the processing of salary points are submitted to Salary Allocation by iCAAP Staff.

I agree not to submit unofficial transcript(s) to Salary Allocation

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

**Please Note:**

iCAAP batch submits all official transcripts to the Salary Allocation Unit for the processing of Salary Points. All transcripts provided to individuals are unofficial and will NOT be verified by iCAAP staff for the processing of salary points. Official transcripts are submitted by request to organizations, out of district schools, and universities for verification of programs completed.

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***Email this from to: [icaap@lausd.net](mailto:icaap@lausd.net). In the subject field add: Request for Transcript If you have forms that need to be completed by the Program Office, Please email to: Jennifer Detar at [jennifer.detar@lausd.net](mailto:jennifer.detar@lausd.net) and [icaap@lausd.net](mailto:icaap@lausd.net).***

***Or send a copy of your request to: 333 Beaudry Avenue, 15th Floor, Atten: iCAAP, Los Angeles, Ca 90017***

**FOR OFFICE USE ONLY**

Date request for transcript received: \_\_\_\_\_ Date transcript email was sent: \_\_\_\_\_

Please select the option where transcript was sent

Form completed by: \_\_\_\_\_