



Los Angeles Unified School District Headquarters

Office of the Building

Badge Replacement or Renewal Request Form
LAUSD Employees and Contractors

REQUESTOR INFORMATION: (please print)

| | |
|---|--|
| Employee/Contractor Name: | Employee/Contractor #: |
| Email: | Desk/Office Phone: |
| Class Code: | Position Title: |
| Location Code: | LAUSD Contracted Employee? (Yes/No) |
| Work Location – Floor #: | Work Location – Cubicle/Office #: |
| Division/ Branch: | Completed Required Online Fire/Life Safety Training? (Yes/No) |
| Parking Already Provided? (Yes/No) | If no, are you requesting parking now? (Yes/No) |
| Physically Challenged? (Yes/No) DMV Plaque/Plate # | Provided Office of the Building required copy of DMV paperwork? (Yes/No) |
| Vehicle Update Change? (Yes/No) | Make/Model, Year, Color, License Plate: |

Type of Request:

- ☐ **Badge Replacement (Lost, damaged, or stolen) - \$10** (Personal checks or cashier checks should be made payable to LAUSD.)
☐ **Replace Defective Card- \$0** (Only applies to newly issued badges) ☐ **Renewal- \$0**

Notes: _____

Employee/Contractor Signature:

X _____ Date: _____

Senior Leadership Division Head Approval:

X _____ Date: _____

Name: _____ Phone: _____

Please submit form to the Office of the Building (Email: OfficeoftheBuilding@lausd.net)

| Processing Completion & Card Information For Internal Use Only: | |
|---|---------------------------------------|
| AMAG Key Card #: | JPEG #: |
| Beaudry 2 or Visconti Parking Card #: | Customer Service Rep Initials & Date: |