Los Angeles Unified School District Interscholastic Athletic Department LASPD Officer Request Form

SCHOOL:		 Fall:	July 2	26, 2024	
		Winter	: Octo	per 25, 2024	
D. W.		Spring:	Janua	ry 24, 2025	
DAY:					
DATE:	SPORT:	START	OPPONENT:	END	
LOCATION:		TIME:		TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approv	al: YES NO	INITIALS:	
DAY:					
DATE:	SPORT:		OPPONENT:		
LOCATION:	or our.	START TIME:		END TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approva	al: YES NO	INITIALS:	
DAY					
DAY: DATE:	SPORT:		OPPONENT:		
LOCATION:		START TIME:	·	END TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approva	YES NO	INITIALS:	
DAY: DATE:	SPORT:		OPPONENT:		
LOCATION:		START	0110112111	END	
NUMBER OF OFFICERS REQUESTED:		TIME: Athletic Department Approva	yES NO	TIME: INITIALS:	
TOTAL OF OTHER MEGGESTED.		Transcate Department (1)pp10/1			
DAY:	SPORT:		OPPONIENT		
DATE:	SI OKI.	START	OPPONENT:	END	
LOCATION:		TIME:		TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approv	al: YES NO	INITIALS:	
DAY:	an on m				
DATE:	SPORT:	START	OPPONENT:	END	
LOCATION:		TIME:		TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approva	als: YES NO	INITIALS:	
DAY:					
DATE:	SPORT:		OPPONENT:		
LOCATION:		START TIME:		END TIME:	
NUMBER OF OFFICERS REQUESTED:		Athletic Department Approva	AL YES NO	INITIALS:	
HLETIC DIRECTOR'S SIGNATURE:			DATI	E:	
MINISTRATOR OF ATHLETICS' SIGNATURE:			DATE:		