

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

SCHOOL: _____

Fall: July 26, 2024
Winter: October 25, 2024
Spring: January 24, 2025

DAY:								
DATE:			SPORT:			OPPONENT:		
LOCATION:			START TIME:			END TIME:		
NUMBER OF OFFICERS REQUESTED:			Athletic Department Approval:		YES	NO	INITIALS:	
DAY:								
DATE:			SPORT:			OPPONENT:		
LOCATION:			START TIME:			END TIME:		
NUMBER OF OFFICERS REQUESTED:			Athletic Department Approval:		YES	NO	INITIALS:	
DAY:								
DATE:			SPORT:			OPPONENT:		
LOCATION:			START TIME:			END TIME:		
NUMBER OF OFFICERS REQUESTED:			Athletic Department Approval:		YES	NO	INITIALS:	
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DAY:								
DATE:			SPORT:			OPPONENT:		
LOCATION:			START TIME:			END TIME:		
NUMBER OF OFFICERS REQUESTED:			Athletic Department Approval:		YES	NO	INITIALS:	

ATHLETIC DIRECTOR'S SIGNATURE: _____

DATE: _____

ADMINISTRATOR OF ATHLETICS' SIGNATURE: _____

DATE: _____

EMAIL FORMS TO DAWN XITCO at dawn.xitco@lausd.net before posted deadline.