



Los Angeles Unified School District Headquarters
Office of the Building
ACCESS DATA REQUEST
CONFIDENTIAL

REQUESTOR INFORMATION: (please print)

Requestor Name:	Date:
Position Title:	Department:
Email:	Phone:
Please complete information for specific data request:	
Name:	Employee #:
Time Period (From):	Time Period (To):
Garage Name:	

Access Data Requested:

<input type="checkbox"/> Main Lobby Turnstiles	<input type="checkbox"/> After hour elevator readers
<input type="checkbox"/> Upper Floor Lobby Doors	<input type="checkbox"/> Specific floor(s) #: _____
<input type="checkbox"/> Secured Access Doors (include floor and specific location): _____	
<input type="checkbox"/> Other (describe reader location): _____	

Reason for Request: _____

Required Approvals:

Director Approval:	Senior Leadership Division Head Approval:
X _____	X _____
Name: _____	Name: _____
Date: _____	Date: _____

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