



Request for LAUSD Administrative Headquarters Building Visitor Access Restriction Form(VAR)

This form must be completed to request restricted access to the LAUSD Administrative Headquarters Building. Information on this form will be used to assess threat risk and, once established, may result in the visitor having restricted access to the building.

Section 1—Visitor Information												
New Restriction	<input type="checkbox"/>	Update Restriction	<input type="checkbox"/>	Delete Restriction	<input type="checkbox"/>							
Last Name				First Name				MI				
Employee Number				Date of Birth								
Driver's License No. (if known)												
Home Address												
City					State			Zip				
Indicate Specific Reason For Requesting Restricted Access												
Indicate Type of Visitor Access Restriction												
FULL – This prevents the visitor from entering the LAUSD Administrative Headquarters Building including cafeteria and credit union. PARTIAL – This restricts the visitor from certain individuals or departments but allows escorted access to all other LAUSD Administrative Headquarters Building locations.												
Restriction Type				Full	<input type="checkbox"/>				Partial	<input type="checkbox"/>		
Visitor Restricted from Visiting the Following Individual(s) [List Name and Employee Number]:						Visitor Restricted from Visiting the Following Department(s)						
Indicate Restricted Floors	1	2	9	10	11	12	14	15	16	17	18	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	19	20	21	22	23	24	25	26	27	28	29	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Start Date				End Date				Review Date				

If a photograph of the visitor is available, please attach to this request.

Section 2—Requestor Information											
Last Name					First Name						
Position Title					iSTAR Incident Number*						
Email Address						Direct Phone No.					
Department Name											
Location Code					Department Phone Number						
Section 3—Administrator Approval											
Administrator Printed Name						Employee Number					
Administrator Signature						Date					
Workplace Violence Risk Assessment**	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High	<input type="checkbox"/>	Date				
Section 4—LASPD Approval											
Approved By Printed Name						Date					
Approval Signature											

FOR OFFICE USE ONLY			
VAR Entered By		Date	
VAR Updated By		Date	

Please scan and email to Office of the Building email: officeofthebuilding@lausd.net

*Refer to BUL-5269.2 Incident System Tracking Accountability Report.