



## REQUEST TO UPDATE STUDENT ATTENDANCE FOR A PREVIOUS SCHOOL YEAR



This form is to be used after June 30<sup>th</sup> when student attendance for the previous school year needs to be updated. **The school user must submit the completed form and supporting documents via email to Pupil Services at [pupil.services@lausd.net](mailto:pupil.services@lausd.net) for approval.**

### IMPORTANT REMINDER

For auditing purposes, this record, along with all paper attendance records, must be retained for 5 school years.

**All fields are required. Please print or type all information.**

School Name: \_\_\_\_\_ Location Code: \_\_\_\_\_ Region: \_\_\_\_ Request Date: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Email: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Student Name</b> (Last Name, First Name)					<b>10 Digit District ID#</b>		
<b>Absence Date(s):</b>							
<b>Absence Period(s):</b>							
<b>Teacher Name:</b>							
<b>Current Reason Code:</b>							
<b>Correct Reason Code:</b>							
<b>Supporting Documents for Change Request of Inaccurate Attendance Mark:</b>	<input type="checkbox"/> Roster <input type="checkbox"/> Teacher verification <input type="checkbox"/> Absence verification document <input type="checkbox"/> Other:						
<b>REQUIRED:</b> <input type="checkbox"/> Yes, the parent/guardian of the student was notified of this request. <b>Date:</b> _____							

Principal's Signature: \_\_\_\_\_

*Your request confirmation will be sent to the email addresses provided above.*

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### For Office Use only

Region PSA Administrator Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Approved Date: \_\_\_\_\_

MiSiS Correction By: \_\_\_\_\_ Correction Date: \_\_\_\_\_