



CALSTRS/LAUSD AUDIT REQUEST

Date: _____

Name (Including any other first/last name used): _____

Employee Number: _____

Person ID/ CalSTRS ID: _____

Address:

E-mail Address: _____

Phone Number(s): _____

Fiscal Year(s) you wish to have audited. (Please note: For more than one year, please contact CalSTRS at 800-228-5453 and request that a service credit breakdown be mailed to you **first**, then submit a copy along with this form.)

Expected Retirement Date: _____

Please return by one of the following methods:

US Mail:

Los Angeles Unified School District
Payroll Administration – Retirement Unit
333 S. Beaudry Ave, 27th Floor
Los Angeles, CA 90017

Fax Number: (213) 241-8982 or (213) 241-5133