



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division-Office of Employee Relations
 333 S. Beaudry Ave., 14th Floor, Los Angeles, CA 90017
 Fax: (213) 241-8404 Tel: (213) 241-6591
 Email: employeverify@lausd.net

EMPLOYMENT VERIFICATION REQUEST FORM

Submit a completed, signed form to the Office of Employee Relations. If you have questions concerning the completion or submission of this request, please email the Office of Employee Relations at employeverify@lausd.net. Incomplete request forms will not be processed.

NOTE: If you are requesting a verification for a **mortgage** or **personal loan**, the LAUSD now utilizes **The Work Number** as the employment verification service to fulfill that type of request. You can contact The Work Number via the internet (www.theworknumber.com) or telephone (1-800-367-2884) to submit your request. You will need the LAUSD employer code to complete your request, and that number is: **10721**.

Section 1: Employee Information			
This section must be completed so that we may access the employee's records.			
Employee's Name (Last, First, Middle Initial):		Most Recent Job Title:	
Employee #:		Last 4 Digits of Social Security #:	
Home Address:		City:	State:
Email Address:		Phone #:	Fax #:
Other names used while employed with LAUSD:			
Request for Verification on Formal Letter (check one):			
<input type="checkbox"/> Standard Verification - i.e., current job and classification information			
<input type="checkbox"/> Teacher Experience - i.e., recent teaching history (commonly used for CTC, APLE, TLF, and NBC forms)			
<input type="checkbox"/> INS Letter - i.e., letter for immigration sponsorship			
<input type="checkbox"/> Other (please explain):			
What is the reason for your request?			
Check <u>only one</u> box to indicate how you or the third party would like to receive the information:			
Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/>			
Section 2: Third-Party Information			
This section should be completed <u>only</u> if a third-party is to receive the verification. Write "N/A" if not applicable.			
Third-Party Contact Name:		Company or Institution:	
Email Address:		Phone #:	Fax #:
Address:		Suite #:	City:
		State:	Zip:
Section 3: Employee Signature			
The employee must provide a WET INK signature in order to authorize the release of employment information.			
Employee's Signature:			Date

