



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

## EMPLOYMENT VERIFICATION REQUEST FORM

Please submit a completed, signed form to the Employee Relations Section. If you have questions concerning the completion or submission of this request, please email the Employee Relations Section 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 Los Angeles Unified School District 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](http://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:	Zip:
Email Address:		Phone #:	Fax #:	
Other names used while employed with LAUSD:				
<b>Request for Verification on Formal Letter (check one):</b>				
<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 <b>only one</b> box to indicate how you or the third party would like to receive the information:				
<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail				
Section 2: Third-Party Information				
This section should be completed <b>only</b> 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 signature in order to authorize the release of employment information.				
Employee's Signature:			Date	

