

**ACCESS BADGE REQUEST**  
**For NON-Headquarters BASED STAFF**  
**LAUSD Administrative Headquarters**

**TYPE OF REQUEST: (check one)**

- New Card (\$10)  Replace Defective Card (\$0)  Renewal (\$0)  Other \_\_\_\_\_
- Replace Lost, Stolen or Damaged Card as the result of improper care  
(\$10 check or money order payable to LAUSD – subject to change)

**CARDHOLDER INFORMATION: (please print)**

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Job Title: \_\_\_\_\_ Location Code: \_\_\_\_\_ Class Code: \_\_\_\_\_

Division Name: \_\_\_\_\_ Branch: \_\_\_\_\_

District Office Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUILDING ACCESS:**

Fire life safety quiz completed for Access Card release?  YES 6 digit confirmation code: \_\_\_\_\_  
Fire Life Safety Video and Quiz at <http://lausd.bssnet.com>

**FUNDING:** A \$10.00 fee will be charged for each card issued. Please provide a valid funding line:

FUNDING LINE: (old version)					
	FUND	AREA	ORGN.	PROG.	OBJ.
(new version):					
	GL ACCT	COST CTR	FUND	FUND AREA	

**I understand that I am entitled to access to available LAUSD Administrative Headquarters areas during regular business hours Monday through Friday, 6:00 AM to 6:00 PM, except holidays. After-hours access requires advance registration and approval. I agree to abide by the rules and regulations of the Los Angeles Unified School District, including the policies and procedures for non-Headquarters based staff access as may be modified from time to time.**

X: \_\_\_\_\_  
**Signature**

Date: \_\_\_\_\_

<u>LAUSD DIVISION EXECUTIVE - APPROVAL OF ACCESS</u>	
Name: _____	
Signature: _____	
Headquarters Location: Office #: _____	Floor: _____
Phone: _____	Date: _____

**For Internal Use Only**

Processing Completion:	Key Card & Information:
Processor Initials: _____ Date: _____	AMAG Key Card #: _____
Fac. Systems Administrator: Initials: _____ Date: _____	JPEG Photo Number #: _____
<b>180-DAY EXPIRATION DATE:</b> _____ Initials: _____	