

Los Angeles Unified School District

OFFICE OF BUSINESS SUPPORT

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By signing below, I certify that i am an authorized representative and the information provided in reponse to this notice is true and correct. I understand that any false statement, false representation, or failure to report a material fact may result in employer penalties and charges.

Print Name: _____ Phone Number: _____

Signature: _____

Title: _____ Date: _____