

LOS ANGELES UNIFIED SCHOOL DISTRICT

Pupil Services Branch

Foster Youth Achievement Program

STUDENT TRACER REQUEST

Please provide student's complete name and/or aliases and other supporting information. Incomplete or missing information will not produce an accurate tracer. **All fields marked with an asterisk (*) are required.**

Student Last Name*	Student First Name*	DOB*	Grade	Last School Attended

Student's Current or Last Known Address: _____

Is this information going to be used for a child abuse investigation?* YES NO

Is the information necessary to protect the health and safety of the student or other individuals?* YES NO

Mother's Name*	Mother's Address	Father's Name	Father's Address

Name of Agency Requesting Information: _____

Name of Person Requesting Information: _____ ID # _____

Telephone Number*: () _____ Fax Number*: () _____

TRACER RESPONSE

Student Name	DOB	Enrolled in LAUSD School?	Name of School (If Applicable)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAUSD Employee's Name: _____ Date: _____

Please fax this form to the Pupil Services Branch at **(213)241-3371**. If you have any questions, please call **Shaun Brooks** or **Nga Cao** at: **(213)241-3552**.