



PLEASE DUPLICATE AS NEEDED

Los Angeles Unified School District LAUSDnet Application

(to be used for a new account or for reactivation of an old account)

(Applicants must be District Employees)

Have you applied before for an LAUSDnet account? **(YES) (NO)**
 If **YES** when: _____ Login Name: _____ (if known)

This application may be used to request an LAUSDnet account for a District Employee.
 Student accounts are issued under the auspices of a teacher. (Please call (866) 633-8110 for the Student account packet.)

LAUSDnet diskettes (*Version 2 - for older computers only*) with instructions for setting up and dialing into LAUSDnet are available at school sites or for download on the web. (http://www.lausd.k12.ca.us/lausd/help_files).

No software is required for Windows 95, Windows 98, or MacOS 7.6 and above. Instructions are available on line at http://www.lausd.k12.ca.us/lausd/help_files or at school sites.

For an LAUSDnet account, complete the following:

First Name	Last Name	Employee/Contractor Number
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<i>Site Name</i>	<i>Location Code</i>
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Work Phone

Your account will be sent via school-mail to the District location indicated to the right. Please accurately complete this information.	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;"><small>School / Office</small></td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><small>(Mail code if Elem. School)</small></td> </tr> <tr> <td colspan="4" style="text-align: center;">_____</td> </tr> <tr> <td colspan="4" style="text-align: center;"><small>Rm. Number (if applicable) and / or additional location information</small></td> </tr> </table>	_____	<small>School / Office</small>	_____	<small>(Mail code if Elem. School)</small>	_____				<small>Rm. Number (if applicable) and / or additional location information</small>			
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I understand that by accepting this LAUSDnet account, I agree to completely follow the LAUSDnet Acceptable Use Policy and that violation of the AUP will result in the termination of this account or other disciplinary actions by the District.

Signature of Applicant	Date
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Please return this form via school mail to: _____ Or FAX the completed form to: _____

**Information Technology Division
 Systems Software and Security Branch
 Standards and Procedures, 10th Floor**

(213) 241-8999

No cover page required