<ADD School Letterhead HERE>

| **DATE** |  |
| --- | --- |
| **FROM** |  |
| **TITLE** |  |
| **EMAIL** |  |
| **TELEPHONE NUMBER** |  |

| **STUDENT NAME** |  |
| --- | --- |
| **DATE OF BIRTH** |  |

To the LAUSD Work Experience Education Office,

This letter will serve as authorization for the student mentioned above to obtain a work permit through the Work Experience Education Office. I understand the work permit will be issued through Monday, August 17, 2026, unless stated differently in the restrictions below.

I will contact the Work Experience Education Office if it is determined that revocation of the work permit is necessary.

The work permit shall contain the restriction(s) listed below:

Sincerely,

<School Official Signature>

 Signature may not be pre-type