

LOS ANGELES UNIFIED SCHOOL DISTRICT  
WALTER REED MIDDLE SCHOOL  
(Name of Issuing Organization)

Authorization No. \_\_\_\_\_  
(Site should consecutively  
number authorizations  
issued)

To Whom It May Concern:

This is to certify that \_\_\_\_\_,  
(Name of Employee)  
the following equipment in his/her possession for the performance of District functions.

This authorization is not to exceed six months and is for the period:

\_\_\_\_ to \_\_\_\_\_ only.  
Month Day Year Month Day Year

<u>Description of Item</u>	<u>Serial No.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY:

ABOVE ITEMS RECEIVED BY:

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date