



# Los Angeles Unified School District

Human Resources Division  
Employee Health Services Unit  
333 S. Beaudry Ave., 14<sup>th</sup> Floor  
Los Angeles, CA 90017  
Tel: (213) 241-6326 Fax: (213) 241-8918

## Authorization to Release Tuberculosis Clearance Information

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
EMPLOYEE #

\_\_\_\_\_  
PHONE NUMBER

I request and authorize the Employee Health Services Unit of the Los Angeles Unified School District (the "District") to release and transmit a tuberculosis (TB) clearance verification, based on the most recent negative test date on file, to me or the person/organization indicated below:

Name of recipient:

Fax, e-mail, or mailing address of recipient:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand this information is retained in confidence by the District and hereby release the District from all liability that may arise from the release of such information. I also understand, dependent upon priorities within the office, the turnaround time for this request may be one to five business days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

