

LOS ANGELES UNIFIED SCHOOL DISTRICT  
HIV/AIDS Prevention Unit

**FAX REQUEST**  
***POSITIVELY SPEAKING SPEAKER***

Teachers Name \_\_\_\_\_ Room# \_\_\_\_\_

School & Address \_\_\_\_\_

\_\_\_\_\_ Location Code: \_\_\_\_\_ LD: \_\_\_\_\_

Cell Phone \_\_\_\_\_ School Phone \_\_\_\_\_

Teacher e-mail \_\_\_\_\_

Middle School \_\_\_\_\_ High School \_\_\_\_\_ Other \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Number of Presentations \_\_\_\_\_

Bell Schedule \_\_\_\_\_

**Special Request:**

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Specific Speaker \_\_\_\_\_

**Helpful Hints:**

- Please inform school staff (e.g. Main Office, Security, etc.) speakers are scheduled for presentations in your classroom
- **Send the Parent Notification forms home with the student a MINIMUM of 14 DAYS prior to the Positively Speaking presentations.** These forms DO NOT have to signed or returned to you.

**PLEASE FAX TO (213) 241-6956**

Questions? Contact Timothy Kordic at (213) 241-3519