




ATTACHMENT C

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

TO: Condom Availability Program  
LAUSD District Nursing Services  
Roybal Annex  
121 N. Beaudry Avenue  
Los Angeles, CA 90012

**Fax: (213) 580-6557** 

Phone: (213) 202-7543



FROM: Contact person: \_\_\_\_\_  
School: \_\_\_\_\_  
Principal's signature (or designee's): \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
E-mail: \_\_\_\_\_

SUBJ.: **Request for 250 condoms**

COMMENTS/SUGGESTIONS:

---

**NOTE:** this document can be downloaded at: <http://dns.lausd.net>  
▶ Nursing Forms "Distribution of Condoms"

---

**CONDOM AVAILABILITY PROGRAM OFFICIAL USE ONLY**

**Number of condoms shipped:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**Initials:** \_\_\_\_\_, **Lot number:** \_\_\_\_\_