



SARS-CALL REQUEST FORM (Call Only)

Please print this request and forward to Mercy Yañez, Dean of Student Services (SSA 203A).

Initiator: _____ Extension: _____ Department: _____

Supervisor: _____ Number of students to be called: _____

Purpose of call (reminder, announcement, etc.): _____

Signature: _____ Preferred dates for calls to be made: _____

Date: _____ Preferred times for calls to be made: _____

Please note the call made to students will be an exact copy of the script provided.

Script to be used in the phone call (avoid the use of first person terms):

You will also need to provide an excel file with the names and phone numbers of the people you want to contact.

Please e-mail requested file to:
Citlally Santana at santancp@lahc.edu and
Cristian Contreras at martinc4@lahc.edu.

	A	B	C
1	Student	(310) 111 1111	student@laccd.edu
2	Student2	(310) 222 2222	student2@laccd.edu
3	Student3	(310) 333 3333	student3@laccd.edu
4	Student4	(310) 444 4444	student4@laccd.edu

Please be aware that some calls may take a few days to be completed due to the system's settings. Due to time constraints and demand, the availability of this service is not guaranteed. During heavy testing cycles, requests may be prolonged.

Please call Cristian Contreras at X4078, if you have any questions in regards to your SARS-CALL request.

FOR OFFICE USE ONLY

Approved by (Name/Signature): _____ Date: _____

Comments: _____

SARS-CALL REPORT

Prepared By: _____ Completion Date: _____ Completed Calls: _____

File Name: _____ Folder Name: _____