

LONGVIEW INDEPENDENT SCHOOL DISTRICT

REQUEST FOR COPIES OF CREDENTIALS

I, _____, have not resigned from Longview Independent

Print name
School District; however I request copies of the Following credentials:

Copy of Teaching Certificate _____

Copy of Paraprofessional Certificate _____

Copy of Teacher Service Record _____

Copy of College/University Transcripts _____

Copy of Evaluation Form _____

_____ I request they be sent to the above

_____ Attention

_____ Address

_____ City, State, Zip Code

_____ Signature of requestor

_____ Social Security Number

_____ Date

HR use Only:

Date Request received: _____

Date Request Processed: _____

Date Request Mailed: _____

Request processed by: _____

Longview ISD, P.O. Box 3268, Longview, Texas 75606-3268

Fax: 903-381-2286