



LONGVIEW INDEPENDENT SCHOOL DISTRICT
Human Resources Department
P. O. Box 3268/1301 East Young Street
Longview, Texas 75606
903-381-2200 / FAX 903-381-2286 / www.lisd.org

Forward of Credentials

I, _____, have resigned from Longview Independent School
(Please Print Name)

District, and request the following credentials to be forwarded:

Original Teaching Certificate _____
Original Paraprofessional Certificate _____
Original Teacher Service Record _____
Original College/University Transcripts _____
Original Evaluation Form _____

School District

Attention

Address

City, State, Zip Code

Signature of Requestor

Social Security Number

Date

Human Resources Department Use Only:

Date Request Received: _____

Date Request Processed: _____

Date Request Mailed: _____

Request Processed By: _____