



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

Request for Copies of Credentials

I, _____, have not resigned from Longview Independent School
(Please Print Name)

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 the credentials be sent to the above address attention to: _____

Signature of Requestor

Social Security Number

Date

Human Resources Department Use Only:

Date Request Received: _____

Date Request Processed: _____

Date Request Mailed: _____

Request Processed By: _____