



# EMPLOYEE RECORD REQUEST

Employee Name\* First \_\_\_\_\_ Last \_\_\_\_\_

Former Name \_\_\_\_\_

Last Four Digits of Social Security #\* \_\_\_\_\_

Employee ID# \_\_\_\_\_ Phone # \_\_\_\_\_

\*Indicates Required Fields

### Delivery Method\* (Check One)

- Email
- Mail to Personal Address
- Mail to District Address (if going to another district)

District Name (if applicable) \_\_\_\_\_

Attn. To (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### Employee Type\* (Check all that apply)

- Current Employee** (Will receive COPIES ONLY)  
(If you are leaving the district, check previous employee and enter last day of employment in order for original documents to be picked up or mailed to the address indicated above)
- Previous Substitute                      Years Employed \_\_\_\_\_
- Previous Employee                              Years Employed \_\_\_\_\_

### Document(s) Requested\*

- LISD Service Records                       Prior District Service Records
- Transcripts                                       Other Documents
- Please Specify \_\_\_\_\_

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Complete this form and email it to Shalona McCray at smccray@lisd.org or fax it to 903-381-2286

**Please allow 10 business days for processing. Some records may require additional research and/or time to complete.**