



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
- Transcripts
- Please Specify _____
- Prior District Service Records
- Other Documents

Signature* _____ Date* _____

Complete this form and email it to Sandra Medina at smedina@lisd.org or fax it to 903-381-2286

Please allow 15 business days for processing. Service Records for the CURRENT year will NOT be available until mid-July.