

**LIBERTY HILL INDEPENDENT SCHOOL DISTRICT**

**REQUEST FORM FOR  
SERVICE RECORD, TRANSCRIPT, TEACHING CERTIFICATE**

Printed Name of Person Making Request: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Position: \_\_\_\_\_ Campus: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Have you already resigned from LHISD?  Yes  No

If "YES" what was your last date of employment? \_\_\_\_\_

**I am requesting a copy of the following documents(s) from my LHISD personnel file: (check all that apply)**

**Service Record** \_\_\_\_ **Transcript** \_\_\_\_ **Teaching Certificate** \_\_\_\_

Select Delivery Option Below: (please allow 30 days to process request)

I will come to the LHISD Administration office to pick up the documents.  
*(Call 512-260-5580 BEFORE PICKUP to ensure the documents are ready)*

OR

I request that the documents be mailed to the following location:

Name/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Instructions: **FAX** this completed document to: 512-260-5562 **or EMAIL** to:

Meredith Kimbrough  
mkimbrough@libertyhill.txed.net

*Office Use Only:*

\_\_\_\_\_ Complete  
date