

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 ____

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