



Service Record Request
for
For Certification, Graduate Work or Deficiency Plans ONLY

DATE: _____

PRINTED NAME: _____
As it appears on your Pay Advice Statement

SSN: XXX-XX- _____

PHONE NUMBER: _____/_____/_____

SIGNATURE: _____

COMMENTS: _____

For security reasons, your record will be mailed to the address on your *Pay Advice Statement*. If this is not your current address, please complete and return a new Employee Information Change Form 101 to ensure that the District has your correct address and that you will receive the document(s) you have requested.

If your college or university requires that your record be sent directly from FWISD, please provide the following information:

NAME OF COLLEGE/UNIVERSITY: _____

ADDRESS OR FAX NUMBER: _____

CONTACT PERSON: _____

PLEASE BRING OR SEND THIS COMPLETED FORM TO HR/EMPLOYEE RECORDS

- U.S. mail HR/Employee Records
100 N. University Drive
Fort Worth, TX 76107
- E-mail jane.cumbie@fwisd.org
- School mail HR/Employee Records
- Fax 817.871.2212