

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:

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: 512-260-5581 **or MAIL** to:

LHISD
Attn: Kim Thompson
14001 W. Hwy 29
Liberty Hill, Texas 78642

Office Use Only:

_____ Complete
date