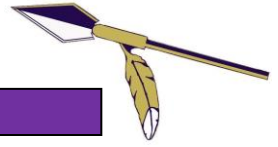


# Alvarado I S D



## REQUEST FOR ORIGINAL DOCUMENTS

EMPLOYEE NAME \_\_\_\_\_

LIST OF ORIGINAL DOCUMENTS PICKED UP OR MAILED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE PICKED UP OR MAILED \_\_\_\_\_

ADDRESS MAILED TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY \_\_\_\_\_