

Fabens Independent School District Human Resources Department

SERVICE RECORD REQUEST

All former and existing Fabens ISD employees must fill out a Service Record Request Form in order to request their Service Records from the district.

PLEASE ALLOW UP TO 30 BUSINESS DAYS (from the date requested) FOR YOUR REQUEST TO BE PROCESSED.

Name:	SSN (last 4 of SSN):	
Cell Phone #:	Home Pho	ne #:
Personal E-Mail Address:		
SERVICE RECORD PURPOSE	<u>:</u>	
☐ Employment with anoth ☐ Continuing Education (ner District Unofficial record will be provid	led)
DELIVERY METHOD:		
☐ Pick-up document(s) at		
Fabens Independent Schoo 821 NE "G" Ave Fabens, TX 79838 <i>Note: An email notification v</i>	l District will be send out when Service R	ecord is ready for pick-up.
\square Mail to home address:		
Address:		
City:	State:	Zip Code:
☐ Mail to District/University	ity address:	
District/University Name:		
Attention:		
Address:		
City:	State:	Zin Code: