



## EMPLOYEE RECORDS REQUEST

605 East Broad Street  
Mansfield, Texas 76063

Phone: (817) 299-6300  
Fax: (817) 473-5488

\* Indicates Required Fields

<b>Employee Name *</b>	<input style="width: 200px; height: 20px;" type="text"/> First <input style="width: 200px; height: 20px;" type="text"/> Last
<b>Prior Name</b>	<input style="width: 200px; height: 20px;" type="text"/> First <input style="width: 200px; height: 20px;" type="text"/> Last
<b>Social Security*</b>	<input style="width: 200px; height: 20px;" type="text"/> (Format: XXX-XX-XXXX)
<b>Employee ID</b>	<input style="width: 100px; height: 20px;" type="text"/>
<b>Phone#*</b>	<input style="width: 200px; height: 20px;" type="text"/> (Format: XXX-XXX-XXXX)
<b>Delivery Method*</b>	<p>Mail To Address Below      Pick Up (Notified By Phone When Available)</p> <p>Personal Address      District Address      Email Address</p> <p> <input style="width: 200px; height: 20px;" type="text"/> District Name           <input style="width: 150px; height: 20px;" type="text"/> Attn To         </p> <p> <input style="width: 450px; height: 20px;" type="text"/> Street         </p> <p> <input style="width: 250px; height: 20px;" type="text"/> City         </p> <p> <input style="width: 100px; height: 20px;" type="text"/> State           <input style="width: 100px; height: 20px;" type="text"/> Zip           <input style="width: 200px; height: 20px;" type="text"/> Email         </p>
<b>Employee Type*</b>	<p>Current Employee <input style="width: 250px; height: 20px;" type="text"/> Campus</p> <p>Substitute      Years Employed (Required) * (Format: YYYY-YYYY)</p> <p>Former Employee <input style="width: 100px; height: 20px;" type="text"/> Date Separated (Required) * (Format: MM/YYYY)</p>
<b>Document(s) Requested*</b>	<p>Service Records</p> <p>Transcripts</p> <p>Substitute Service Records <input style="width: 100px; height: 20px;" type="text"/> Years Employed (Required) * (Format: YYYY-YYYY)</p> <p>Other Documents</p> <div style="border: 1px solid black; height: 80px; width: 400px; margin-top: 10px;"></div>
<b>Electronic Signature*</b>	<p>By typing my name below, I am verifying the above information and electronically signing this request for my records. (Required) *</p>

Please complete the form and email it to HR Records Request at:  
[hrecordsrequest@misdmail.org](mailto:hrecordsrequest@misdmail.org) or fax it to HR at 817-473-5488