



EAGLE MOUNTAIN SAGINAW ISD

Fostering a Culture of Excellence

Document Request Form

Please allow 30 business days for processing

Date: _____

Employee Name (include Other Name used during employment): _____

SS#- Last 4: _____

Email: _____

Phone: _____

Employee Status: Current

Former- Position and last date of employment _____

I am requesting the following document(s) from my EMS ISD personnel file:

- Original Service Record (for former employees, available after sick days are finalized by Payroll and final paycheck has been received)
- Copy of Service Record (for current employees, does not include current school year)
- College Transcript (originals may be released upon separation)
- Verification of Employment Letter (please include details of required information)

Select One Option Below:

I request the documents to be mailed to:

Name/Institution: _____

Address: _____

City/State/Zip: _____

Please Email/ Fax the records to: _____

Employee Signature

HR Signature and Date Completed

Revised 09/2020