

EAGLE MOUNTAIN-SAGINAW ISD DOCUMENT REQUEST

Printed Name of Person Making Request:	
SSN- Last 4:	
Phone Number:	
*Please be advised, original records may	y not be released until an exit survey is completed.
Have you already resigned from EM-S ISE	D? (Check one)
If yes, what was the date of	your last employment?
I am requesting the following original de (Check all that apply) Service Record Transcript Other	ocument(s) from my EM-S ISD personnel file:
SELECT ONE OPTION BELOW:	
Service records will not go out unti before pickup to ensure the reques OR	
I request the documents be mailed t	to the following location:
Name/Organization:	
Address:	
City/State/Zip:	
Employee Signature	Date
Send the Completed Form To:	
Eagle Mountain-Saginaw ISD Human Resources 1200 Old Decatur Road Fort Worth, TX 76179 FAX: 817-232-3596	HR signature and date completed
	Employee signature and date picked up