

Employee Records Request Form

Name:	Employee ID or SSN:
Please Select One of the Following:	
l am a current employee.	I have resigned or am no longer an active employee at Waco ISD.
Please Also Select One of the Followin	ıg:
Please mail my requested documents to t Please email my requested documents to I wish to pick up my documents in person.	the following email address:
Documents being requested:	
Texas Teaching Certificate	Texas Service Records
Copies of Transcripts	Other:
***Active employees who request credentials f	rom their personnel files will only receive copies and should lays from the date requested.
***Employees resigning during the current cont 10 business days after their last paycheck from \	ract year should expect their documents to be mailed within 5 t Waco ISD.
. ,	end of their current contract year should expect their documents July 15th when requested before July 5th. Documents requested days after July 15th.
If documents are to be mailed, whether to your portion of the form, providing a complete mailing	home address or another district, you must complete this ng address.
Name of School District:	
Contact Name:	
City, State, Zip Code:	
Signature	Date