



EMPLOYEE RECORDS REQUEST

605 East Broad Street
Mansfield, Texas 76063

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

* Indicates Required Fields

Employee Name *	<input style="width: 200px; height: 20px;" type="text"/> First <input style="width: 200px; height: 20px;" type="text"/> Last
Prior Name	<input style="width: 200px; height: 20px;" type="text"/> First <input style="width: 200px; height: 20px;" type="text"/> Last
Social Security*	<input style="width: 200px; height: 20px;" type="text"/> (Format: XXX-XX-XXXX)
Employee ID	<input style="width: 100px; height: 20px;" type="text"/>
Phone#*	<input style="width: 200px; height: 20px;" type="text"/> (Format: XXX-XXX-XXXX)
Delivery Method*	<p> <input type="checkbox"/> Mail To Address Below <input type="checkbox"/> Pick Up (Notified By Phone When Available) </p> <p> <input type="checkbox"/> Personal Address <input type="checkbox"/> District Address </p> <p> <input style="width: 200px;" type="text"/> District Name <input style="width: 150px;" type="text"/> Attn To </p> <p> <input style="width: 500px;" type="text"/> Street </p> <p> <input style="width: 250px;" type="text"/> City </p> <p> <input style="width: 100px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip </p>
Employee Type*	<p> <input type="checkbox"/> Current Employee <input style="width: 250px;" type="text"/> Campus </p> <p> <input type="checkbox"/> Substitute Years Employed (Required) * (Format: YYYY-YYYY) </p> <p> <input type="checkbox"/> Former Employee <input style="width: 100px;" type="text"/> Date Separated (Required) * (Format: MM/YYYY) </p>
Document(s) Requested*	<p> <input type="checkbox"/> Service Records </p> <p> <input type="checkbox"/> Transcripts </p> <p> <input type="checkbox"/> Substitute Service Records <input style="width: 100px;" type="text"/> Years Employed (Required) * (Format: YYYY-YYYY) </p> <p> <input type="checkbox"/> Other Documents </p> <div style="border: 1px solid black; height: 80px; width: 450px; margin-top: 10px;"></div>
Electronic Signature*	<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 or fax it to HR at 817-473-5488