

## College Station ISD <u>SERVICE RECORD REQUEST FORM</u> HR Phone: 979-764-5412 FAX: 979-764-5472



It is the district's policy to prepare one original service record. If CSISD has already provided you with an original service record, please contact the school district where you were most recently employed to obtain that original.

## RETURN COMPLETED FORM TO: lvonrosenberg@csisd.org or Fax 979-764-5472

Name:	Date:	
Other Name Under which you were	e employed:	
Last 4 digits of your Social Security	y Number:	
Position:	Campus:	
Home/Cell Phone:	Personal Email address	
Reason for Service Record Request (i.e. Resignation, Graduate School, TRS, Retirement, etc.)		
(If leaving the district resignation n	you submitted your resignation? Yes nust be turned in to Human Resources loyment	s before processing)
your final payout has been made and FULL CURRENT YEAR of employ	to the end of the school year, your reco d your leave balances have been updat ment and will not return for the comin til the end of the year processing has b	ed. If you complete the ng year, your service
DOCUMENT REQUESTED: DELIVER METHOD:	Service Record Office	ial College Transcript
Mail to Address Below	Pick Up (Will be notified by emai	l or phone for pick up)
NAME <b>OR</b> SCHOOL DISTRICT		
If MAILING TO A SCHOOL DIS	TRICT: Attention to:	
Address		
City/State/Zip		
Signature		
(Form must be signed to process	request)	FOR CSISD USE ONLY Date mailed or picked
If mailed you will receive an ema	il stating it has been mailed.	up Notified by email