

GLADEWATER ISD EMPLOYEE RECORDS REQUEST FORM

First Name:	Last Name:	_
Last Four Digits of Social Security #:_		_
Employee ID#	Phone#	-
Delivery Method (Check One) Email Mail to Personal Address Mailed to District Address (if going	g to another district)	
District Name (if applicable)	-	
Attn. To (if applicable)		
Street:		-
City:	State: Zip:	
•	opies only) trict check previous employee and enter last d ocument to be picked up or mailed to the addr	
☐ Previous Substitute	Years Employed:	
☐ Previous Employee	Years Employed:	
Document(s) Requested GISD Service Records Transcripts Prior District Service Records Other Documents Please specify		
Signaturo	Data:	