**SERVICE RECORD REQUEST**

*Please complete this form and mail or fax to*: Moody Independent School District

**Attn: Human Resources**
12084A S. Lone Star Pkwy.
Moody, TX 76557
Fax: (254) 853-2886

DATE OF REQUEST: _____

NAME: _____
(Please include maiden name or any other name used while employed at MISD)

DATES OF SERVICE: FROM: _____ TO: _____

YOUR HOME EMAIL ADDRESS: _____

WHAT WOULD YOU LIKE SENT: _____ SERVICE RECORDS
_____ TRANSCIPTS

_____ _____
*SIGNATURE OF FORMER EMPLOYEE* *DATE*

RECORDS TO BE MAILED TO: _____
_____
_____
_____

_____ IF POSSIBLE, EMPLOYEE TOOK THE ABOVE CHECKED RECORDS WITH HIM/HER UPON SEPARATION FROM THE DISTRICT.

_____ _____
*SIGNATURE HUMAN RESOURCES* *DATE*