



**Request for Copies or Original Credentials  
(Service Records, Transcripts and/or Teacher Certificate)**

**This form is to be used by current or former employees only and should not be used for open record requests.** Please complete and submit by mail or fax. Should you need assistance completing this form, please contact Human Resources at 407-0482

*Mail Requests to:* NEISD Human Resources Department, 8961 Tesoro Drive, Suite 200, San Antonio, TX 78217  
*Fax Requests to:* (210) 804-7298

**\*\*REQUESTS USUALLY TAKE 7-10 BUSINESS DAYS TO PROCESS\*\***

**Please complete the following information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NEISD Position \_\_\_\_\_

Dates of Employment: *from* \_\_\_\_\_ *to* \_\_\_\_\_ Was there a break in service?  *Yes*  *No*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employee Type:**

- Current Employee
- Substitute
- Former Employee

**Check documents you are requesting:**

**Note:** NEISD does not retain original documents. Original documents are returned to employees once the document has been scanned.

- Service Records
- Employment Verification
- Substitute Records

**Check the appropriate box:**

I will pick up the documents when they are ready. Daytime telephone number: (\_\_\_\_) \_\_\_\_\_

Mail the document to the following mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**For Office Use Only:**

*Date Received:* \_\_\_\_\_

Mailed on \_\_\_\_\_

*Completed by:* \_\_\_\_\_

Faxed on \_\_\_\_\_

Picked up – Requestor was notified documents were ready on \_\_\_\_\_