



**CRANE INDEPENDENT SCHOOL DISTRICT  
SERVICE RECORDS REQUEST FORM**

EMPLOYEE NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

Have you resigned / retired from CISD YES \_\_\_\_\_ NO \_\_\_\_\_

CISD Employee ID# \_\_\_\_\_ or SSN: \_\_\_\_\_

POSITION: \_\_\_\_\_ CAMPUS/DEPT: \_\_\_\_\_

PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

Please send the records indicated for the above named person:

\_\_\_\_\_ Service Record(s)  
*(Service record for the current year will not be processed until July)*

\_\_\_\_\_ College Transcripts

\_\_\_\_\_ Other Documents

**SELECT ONE OPTION BELOW:** (Please Print Clearly)

I will come to the Office of Human Resources to pick up the documents. **(You will receive a phone call when documents are ready for pick up)**

OR

I request the documents to be mailed to the following location:

Organization: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(FORM MUST BE SIGNED TO PROCESS REQUEST/ ELECTRONIC SIGNATURE ACCEPTED)

**Please allow up to 30 days for processing during the summer months.** Send the completed form via email or mail to:

**EMAIL:**

[glomas@craneisd.com](mailto:glomas@craneisd.com)

**Subject:** Service Record Request

**MAILING ADDRESS:**

Crane ISD  
ATTN: Service Record Request  
511 W. 8th St.  
Crane , TX 79731