



Service Record Request Form

Complete Request Form and send to:

Human Resources Department
Clear Creek ISD
P.O. Box 799
League City, TX 77574
Fax: (281) 284-9910

Please send records to: _____

Employee Name: _____ **Employee ID Number:** _____

Email: _____ **Date of Service:** _____
(example: 2004-2008)

Home Phone: _____ **Cell Phone:** _____

Employee Signature: _____ **Campus:** _____

Requested by district: _____

Requested by individual: _____

Picked up by individual: _____

TEACHER SERVICE RECORDS:

ORIGINAL _____

COPY _____

TRANSCRIPTS:

ORIGINAL _____

COPY _____

EVAULTATIONS:

COPY _____

Sent by: _____

Date: _____