



# SOCORRO INDEPENDENT SCHOOL DISTRICT

## Verification of Employment Form

Date: \_\_\_\_\_

Name: (as it would appear on record-Please Print)

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street or P.O. Box No.

\_\_\_\_\_  
City State Zip Code Phone Number

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Reason For Request

Send by email

Hold for Pick Up

Mail to: Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

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

**Note: It takes 5 working days to process record requests. Omission of requested information listed above may delay the response.**