EMPLOYEE RECORDS
100 N . UNIVERSITY DRIVE , STE. NW130H
FORT WORTH, TX 76107
817- 814-27 61

REQUEST FOR EMPLOYMENT VERIFICATION LETTER

(FOR ADOPTION OR IMMIGRATION PURPOSES ONLY)

Name: _____
As shown on Social Security card

Social Security Number or FWISD ID _____

FWISD Job title: _____

Start date _____

Return this completed for m by

Fax: 817-814-2765
E-mail P S O R \ HHHF R U G V@fwisd.org
Mail: Employe e Records, 10 0 N. Uni vers ity Dr., ST E NW130H, For t Wort h, TX 76107

You will be notified when your document is ready for pick-up.
Please provide your phone number or email address.

Phone number _____

E-mail address: _____

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