



Fort Worth
INDEPENDENT SCHOOL DISTRICT
EMPLOYEE RECORDS
100 N. UNIVERSITY DRIVE, STE. NW130H
FORT WORTH, TX 76107
817-814-2761

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 form by

Fax: 817-814-2765

E-mail: EmployeeRecords@fwisd.org

Mail: Employee Records, 100 N. University Dr., STE NW130H, Fort Worth, 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: _____

09/10/2018