



Teacher/Professional Staff Service Record Request Form

PERSONAL INFORMATION

FULL NAME:

MAIDEN:

LAST 4 #SSN:

EMAIL:

PHONE:

Due to COVID19 we are only emailing records at this time.

MAIL SERVICE RECORD TO:

ATTENTION TO:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE:

DATES OF SERVICE: List your previous schools, beginning with the most recent.

SCHOOL NAME(S)

DATE:mm/yy-mm/yy

FT/PT

GRADE(S)

Please allow ten days to 2 weeks for processing of service records.
Send request to asims@archgh.org

CSO Use Only:

DATE RECEIVED:

DATE COMPLETED: