



# Service Record Request Form

Please complete the following form. Scan the completed form to:

[www.a-tx.gov](http://www.a-tx.gov)

Name: \_\_\_\_\_ AIS Display ID # \_\_\_\_\_

Other Name(s) Records May Be Under: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mail To:

OR

Email To:

Name \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Current Employee

Former Employee

Original Hire Date: \_\_\_\_\_ Current Separation Date: \_\_\_\_\_

Original Hire Date: \_\_\_\_\_ Current Separation Date: \_\_\_\_\_

Current Service: Start Month/Year \_\_\_\_\_ to End Month/Year \_\_\_\_\_ Position: \_\_\_\_\_

Former Service: Start Month/Year \_\_\_\_\_ to End Month/Year \_\_\_\_\_ Position: \_\_\_\_\_

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