

DATE: _____

Previous School District: _____

Dickinson Independent School District has employed _____
(maiden name _____), social security # _____

Please send the following credentials to our district:

- Professional Paraprofessional Transportation Other Auxiliary

- _____ Original Teaching Certificate(s)
_____ All Service Records along with appropriate supporting documentation
_____ Original Transcripts
_____ Evaluation Training Certificates
_____ Educational Aide Certificate

Please forward these credentials to:
Dickinson ISD
Department of Human Resources
P. O. Drawer Z
Dickinson, Texas 77539

Person forwarding documents: Name: _____ Title: _____ Contact Number: _____ Date Returned: _____

Signature of Employee