



**OPEN RECORDS
REQUEST
(915) 212-0112**

Date: _____

Name: _____

Empl. ID: _____

Address: _____

Address, City, State, Zip Code

*Phone Number: _____

Circle One:
CELL
HOME

SSN (Last Four Digits): _____

*E-Mail Address: _____
Circle One:
BUSINESS
HOME
OTHER

* Agreement: By providing a phone number and/or email address, I authorize the above change of phone number and/or email address be made effective the date of this form.

Preferred Method to Receive Records:

- Pick-up copies
- Regular mail

Specific Record(s) Requested:

- 1099R (Tax Return Document) Year(s) _____
- Income Verification Letter
- Payment Advice (Paystub) Month(s) _____
- Pre/Post Tax Contribution Letter
- Other _____

Additional Comments: *(Please be as specific as possible so your request may be handled as quickly as possible.)*

X _____

Signature

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary

Commission Expires