



INDEPENDENT SCHOOL DISTRICT

Human Resources Department

Employee Records Request Form

Date: \_\_\_\_\_ Resign/Term Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_  
 Other Name Used: \_\_\_\_\_ Employment \_\_\_\_\_  
 Phone: \_\_\_\_\_ Dates: Email \_\_\_\_\_  
 address: \_\_\_\_\_

There are three types of service records we can generate, depending on the purpose and need. Please indicate below which one pertains to you.

- Unofficial Copy Purpose: Certification programs, universities, etc.
- Official Purpose: Moving to new district, resigning, retiring, etc.

Indicate which of the following information you will need. (**Originals sent only when employment inactive.**)

Service      Transcripts      Certificates      Other   
 Records

**Please select one of the three options below.**

I will pick up the records when ready.
I would like records to be emailed to: _____
I would like to have the above indicated information mailed to:
<b>Name</b>
<b>Address</b>
<b>City, State, Zip</b>

*Employee Records Requests may be submitted by email, mailed, hand delivered, or faxed. If you are requesting to pick up the records, we will contact you at the number provided once the records are ready.*

Signature of Employee   
 By typing your name above, you verify that you are the employee.

**Records Request Forms are processed as quickly as possible and in the order received. We thank you for your patience.**