

HEMPSTEAD INDEPENDENT SCHOOL DISTRICT

P.O. BOX 1007 * 524 Austin Street * Hempstead, TX 77445

Phone: 979-826-3304 Fax: 979-826-5510

REQUEST FOR RECORDS District Employee

Employee Name:

Request Date:

Social Security Number:

From: HEMPSTEAD ISD
P.O. BOX 1007
HEMPSTEAD, TX 77445
ATTN: HUMAN RESOURCES

To: Name:

Address:

City: State: Zip Code:

Records Requested:

- | | |
|---|--|
| <input type="checkbox"/> Teaching Certificate | <input type="checkbox"/> PDAS/TPESS Training Record |
| <input type="checkbox"/> Original Service Record | <input type="checkbox"/> Appraisal (Current) |
| <input type="checkbox"/> Staff Development Certificates | <input type="checkbox"/> Transcript-Highly Qualified |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Other <input type="text"/> |

Records should be:

- Mailed to:
- Faxed to:
- Emailed to:
- Held for pick up in HR Department

- I hereby authorize Hempstead ISD to release the above selected records that has been made a part of my employee file.
- I further release Hempstead ISD from all liability and claims pertaining to disclosure of the records requested.

Employee Authorization Signature:

Date:

For HR Use:
Form Completion: