

# 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 New Hire

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(s)     | <input type="checkbox"/> Appraisal (Current)                    |
| <input type="checkbox"/> Staff Development Certificates | <input type="checkbox"/> Transcript-Highly Qualified (Official) |
| <input type="checkbox"/> Other <input type="text"/>     | <input type="checkbox"/> Other <input type="text"/>             |

### Record Request Form should be:

- Mailed (to above listed address)
- Faxed to:
- Emailed to:

I hereby authorize Hempstead ISD to request the above selected records that have been made a part of my employee records.

Employee Authorization Signature:

Date:

For HR Use:  
Form Completion: