

CROCKETT INDEPENDENT SCHOOL DISTRICT

1400 WEST AUSTIN STREET
CROCKETT, TEXAS 75835
PHONE (936) 544-2125 * FAX (936) 544-5856

Request for Records

Printed Name of Employee _____

Signature of Employee _____

Date of request _____ Social Security _____ Birth date _____

ITEMS REQUESTED:

_____ Teaching Certificate

_____ Paraprofessional Certificate

_____ Service Record

_____ Transcripts

_____ Other - _____

Mailing address the requested records will be mailed to:

Please provide a phone number where you can be reached if the requested records will be picked up at the Administration office, when they are ready. _____

_____ I will be picking up the requested records personally.

_____ Someone else will be picking up the requested records for me. Name of person who will be picking up the requested records _____. (Valid ID will need to be presented to the receptionist.)

Signature _____ Date _____

Human Resources Department Use Only

Date Request Received _____

Date Request Mailed _____

Date Request Picked up _____

Picked up by _____