



*HR Copies _____

GONZALES INDEPENDENT SCHOOL DISTRICT

Human Resources Department

Employee Records Request Form

Date: _____ Resign/Term Date: _____

Name: _____ Last 4 Digits of SS#: _____

Other Name Used: _____ Employment Dates: _____

Phone: _____ Alternate Phone: _____

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

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

Indicate which of the following records you will need.
(Originals are sent only when employment with Gonzales ISD becomes inactive.)

Service Records Transcripts Certificates Other _____

Please select one of the following three options below:

I will pick up the records when ready. *(You will be contacted at the number provided above once the records are ready)*

I would like to have the above indicated information mailed to:

Name: _____

Address: _____

City, State, Zip: _____

I would like to have my information Faxed to (for unofficial copies):

University/Other Entity: _____

Attention: _____

Fax #: _____

Employee Signature: _____

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