

Cleveland Independent School District

316 East Dallas Cleveland, Texas 77327 Phone (281) 592-8717 Fax (281) 592-8283

Request for Records

Printed Name of Employee _____

Phone Number _____ Email _____

Date requested _____ Social Security # _____

Items Requested

_____ Teaching Certificate

_____ Paraprofessional Certificate

_____ Service Record

_____ Birth Certificate

_____ Transcripts

_____ Evaluations, if so which year

_____ Other, Please specify

Mailing address the where requested records will be mailed:

Street Address

City

State

Zip

If **picking up** the records personally from the Administration Building

Name of person who will be picking up the requested records: _____

Signature _____

Date _____

Human Resources Department Use Only

Date Request Received: _____

Date Request Mailed: _____

Date Request Picked up: _____

Records picked up by: _____

Notes: _____