

**EMPLOYEE SERVICE RECORDS REQUEST**

**TEXAS CITY INDEPENDENT SCHOOL DISTRICT**

Name: \_\_\_\_\_

Previously Used Name(s): \_\_\_\_\_

Last four Digits of SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Years of Service: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please select item(s) needed:**

Information will be released within 30 days of your last duty day.

Official Service Records – Please indicate resignation date: \_\_\_\_\_

Transcripts

**Please indicate how you would like to receive documents(s):**

Mail to the following address: \_\_\_\_\_ Date Mailed: \_\_\_\_\_  
(Office Use)

\_\_\_\_\_  
(Your Name or School District Name)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

I will pick up my request in person. Please call when ready. Date Called: \_\_\_\_\_  
Signature and Photo Identification required for pickup (Office Use)

\_\_\_\_\_  
SIGNATURE: (AT PICKUP) Date

Comments: \_\_\_\_\_

Request may be faxed to: (409) 942-2655

Mailed to: Texas City Independent School District

Attn: Human Resources

1700 9<sup>th</sup> Avenue North

Texas City, Texas 77590

Emailed to: [ldiaz@tcisd.org](mailto:ldiaz@tcisd.org) (H.R Specialist)