

# Cleveland Independent School District

316 East Dallas St. Cleveland, Texas 77327

Phone (281) 592-8717 / Fax (281) 592-8283

## Request for Records

Print Name of Employee \_\_\_\_\_ ID# \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Personal Email \_\_\_\_\_

Date Requested \_\_\_\_\_

### **Items Requested**

\_\_\_\_ Service Records

\_\_\_\_ Evaluations, if so, which year

\_\_\_\_ Other, please specify

**How would you like to receive your requested records? Choose option below.**

**Please mail requested records to the address below:**

---

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I choose to pick up the records personally from the Administration Office:**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send request to Angie Wheeler: [awheeler@clevelandisd.org](mailto:awheeler@clevelandisd.org)**

### **Human Resources Department Use Only**

Date Request Received: \_\_\_\_\_ Date Request Mailed: \_\_\_\_\_

Date Request Picked up: \_\_\_\_\_ Records picked up by: \_\_\_\_\_

Notes \_\_\_\_\_