



Port Arthur Independent School District

Records Request Form

EMPLOYEE INFORMATION	
Employee Name:	
Other names used during employment:	
Employee ID Number:	
Social Security Number:	
Personal Email Address:	
Phone Number:	
Last Year of Employment with PAISD:	

DOCUMENTS REQUESTED	
Service Record	<input type="radio"/>
Transcript(s)	<input type="radio"/>
Other: Please Specify	

FORWARDING TO	
Personal	<input type="radio"/>
School District	<input type="radio"/>

EMAIL OR MAIL OPTIONS	
Name or School District Name:	
Email Address: (Where record(s) will be emailed)	
Physical Address: (Where record(s) will be mailed)	

Employee Signature

Date

Email the Completed form to: spolk@paisd.org