



*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.