

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 9th Avenue North

Texas City, Texas 77590

Emailed to: VRobinson@tcisd.org (Substitutes)

LTrader@tcisd.org (Professional/Paraprofessional Employees)

CLJones@tcisd.org (Auxiliary Employees)