Sharyland Independent School District

1106 N. Shary Road, Mission, Texas 78572-4652
Phone: (956) 584-6400 Fax: (956) 580-5231 www.sharylandisd.org

PERSONNEL DEPARTMENT

PERSONNEL FILE REQUEST FORM

(For Current or Previous SISD Employees)

INSTRUCTIONS: Please PRINT legibly and fully complete all applicable sections.

FIRST NAME	**MIDDLE NAME**	**LAST NAME**
- -	( )	( )
SSN	**HOME PHONE #**	**WORK PHONE #**

1. **Are you employed with SISD?** ☐ **Yes** ☐ **No**
2. **If yes, please indicate your location:** _____
3. **If no, please select one of the following:**

☐ **Retired-School Year:** _____ ☐ **Resigned-School Year :** _____

INFORMATION BEING REQUESTED (COPIES ONLY)

☐ **Certificate** ☐ **Evaluations Forms** ☐ **Resume** ☐ **Application**
☐ **Service Records** ☐ **Transcripts** ☐ **Other** _____

SIGNATURE: _____ **DATE:** _____

ROUTED TO: _____

COMPLETED BY: _____

DATE: _____

DELIVERED TO: _____

DATE: _____

FOR OFFICE USE ONLY:

(Received Stamp Date)