



# Dallas Independent School District

Please fax completed form to:  
**972-925-4301**  
-or mail to-  
**DISD Human Resources**  
**3807 Ross Avenue**  
**Dallas, Texas 75204**

## REQUEST FORM

File Review                       Records Request (check one)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ POSITION: \_\_\_\_\_

**ACTIVE** \_\_\_\_\_ **INACTIVE** \_\_\_\_\_ (check one) **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ (MM/YYYY)

If you would like your records prepared for pickup please list a telephone number. If you would like them delivered via mail please list a home address or school mailbox number.

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS OR SCHOOL BOX NUMBER: \_\_\_\_\_

DESCRIPTION OF REQUESTED DOCUMENTS: \_\_\_\_\_

Please allow three (3) to five (5) business days for processing this request. All employees who resign may request original credentials. It will require a minimum of two (2) weeks after an employee receives their last paycheck, or after the Payroll Department computes the sick days for the month of the effective "Last Day Worked", for the Records Department to produce a completed service record.

**We thank you for your patience during this period.**

**REQUESTOR'S SIGNATURE:** \_\_\_\_\_

FOR RECORDS DEPARTMENT STAFF COMPLETION

EMPLOYEE RELEASING FILE: \_\_\_\_\_

IDENTIFICATION SOURCE: \_\_\_\_\_