



Human Resources Record Request Form

Please complete form and send to email address: servicerecords@ideapublicschools.org. All requests will be processed within 10 business days. For urgent inquiries – please call us at 956-377-8000.

Employee Name _____	Social Security Number XXX-XX-_____
Contact #: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home	
1. Are you currently employed with IDEA Public Schools? _____	
2. If yes, please indicate your work location _____	
3. If no, please select one of the following: -Retired – Date of Retirement _____ -Resigned/Terminated – Last date of employment _____	
4. Start Date of employment _____ Campus Name _____ Campus Address _____	
5. Printed Name of person making request if different than employee _____	
PLEASE ALLOW 10 WORKING DAYS FOR REQUESTS TO BE PROCESSED	
Delivery Method:	<input type="checkbox"/> Inter-Office (if currently employed) <input type="checkbox"/> Pick – up <input type="checkbox"/> Fax (please provide fax #) _____ <input type="checkbox"/> Mail (please provide address) _____ _____ <input type="checkbox"/> Email (please provide email address) _____
Information Being Requested (copies only)	<input type="checkbox"/> Resume <input type="checkbox"/> Performance Evaluations or Ratings <input type="checkbox"/> Transcripts <input type="checkbox"/> Service Records <input type="checkbox"/> Other _____
Employee Signature	Date
<i>HR Office USE ONLY</i>	Date Received: _____ HR Initials: _____ Completed Date: _____ <input type="checkbox"/> Mail Faxed <input type="checkbox"/> Email Pick-up <input type="checkbox"/> Inter-Office