

Sabine Pass Independent School District

Records Request Form

Please complete the f	orm. You can e	email the	form to HR at dbla	anton@sabinepass.net
Name:		Date:		
Other Name (s) Record	ds May Be Liste	d Under:		
Social Security #:			Telephone:	
Address:				
City:		_State: _	Zip Code:	
Current Employee:	Yes	No	Assignment:	
Former Employee:	Yes	No	Separation D	ate:
	Check the D	ocumen	t (s) Requested	
Service Records:	_ Certificate: _		Transcripts:	Contract:
Verification of Employ	ment Letter: _			
Please Check One of tl	ne Following:			
Mail Records to	the Address A	bove		
I will pick up re	cords at the Hu	man Reso	ources Office. HR p	personnel will notify
you when the request	ed records are	ready.		
Requestor Signature			 Date	