



# PROGRESO INDEPENDENT SCHOOL DISTRICT

P.O. Box 610  
Progreso, TX 78579  
Phone: (956) 565-4071 Fax: (956) 565-2128

## PERSONNEL FILE REQUEST FORM

(For current or previous PISD Employees)

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

<i>Social Security Number</i>	<i>Home Phone #</i>	<i>Work Phone #</i>

1. Are you employed with Progreso I.S.D.?       Yes       No
2. If yes, please indicate your location. \_\_\_\_\_
3. If no, please select one of the following:
  - Retired – School Year: \_\_\_\_\_
  - Resigned – School Year: \_\_\_\_\_

### DELIVERY METHOD:

- Mail (please provide address) \_\_\_\_\_
- Email (please provide address) \_\_\_\_\_
- Inter-Office
- Pick-up (please provide name if not requestor) \_\_\_\_\_
- Fax (please provide fax #) \_\_\_\_\_

### INFORMATION BEING REQUESTED      COPIES

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Certificate     | <input type="checkbox"/> Evaluation Forms | <input type="checkbox"/> Resume      |
| <input type="checkbox"/> Service Record  | <input type="checkbox"/> Transcripts      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Picture I.D.     |                                      |

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE ALLOW 10 WORKING DAYS FOR REQUESTS TO BE PROCESSED**

<b>FOR OFFICE USE ONLY:</b>          <b>(Received: Stamp Date)</b>	<b>COMPLETED DATE:</b> _____  <input type="checkbox"/> Mailed/Emailed <input type="checkbox"/> Inter-Office <input type="checkbox"/> Pick-up <input type="checkbox"/> Faxed
--	--