



**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)*

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*First Name*

*Middle Name*

*Last Name*

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*Employee Number*

*Home Phone #*

*Work Phone #*

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**

Certificate

Evaluation Forms

Resume

Service Record

Transcripts

Other \_\_\_\_\_

Social Security

Picture I.D.

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

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

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

<p><b>FOR OFFICE USE ONLY:</b></p>  <p><b>(Received: Stamp Date)</b></p>	<p><b>COMPLETED DATE:</b> _____</p> <p><input type="checkbox"/> Mailed/Emailed <input type="checkbox"/> Inter-Office <input type="checkbox"/> Pick-up <input type="checkbox"/> Faxed</p>
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*PISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provisions of services, programs or activities.*

Submit via e-mail to: [lupitavaldez@progresoedu.net](mailto:lupitavaldez@progresoedu.net)