## DEVINE INDEPENDENT SCHOOL DISTRICT PERSONNEL RECORD REQUEST FORM

| Employee Name:               |
|------------------------------|
| Campus:                      |
| Date of Request:             |
| Dates Employed with DISD     |
| Records being requested:     |
|                              |
|                              |
| Employee Signature:          |
| □ Mail Records to:           |
|                              |
| □ I will pick up records     |
| Office Use Only              |
| Completed by:                |
| Date records sent/picked up: |