



ROBSTOWN INDEPENDENT SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES  
801 NORTH FIRST STREET  
ROBSTOWN, TEXAS 78380  
Phone: (361) 767-6600 Fax: (361) 767-6553

**Employee Request for Records**

***Please Print and fill in all sections. \*Your signature is required in order to process request. Thank You.***

Request Date: \_\_\_\_\_ Campus Assigned: \_\_\_\_\_

Records Request for: \_\_\_\_\_  
Last Name First Name Middle Initial

Social Security Number: \_\_\_\_\_

Previous or Maiden Name Records Filed Under: \_\_\_\_\_

Requestor Phone Number(s): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Records Requested (**Copy Only**): (Place an "X" next to records being requested)

\_\_\_\_ Service Record \_\_\_\_\_ Transcript/Diploma \_\_\_\_\_ Educator Certificate

Other (Please list): \_\_\_\_\_

**\*REQUESTOR SIGNATURE:** \_\_\_\_\_ **(\*Required for process)**

**Records Distribution: (Place an "X" next to record distribution)**

☐ Records will be picked up at the Robstown ISD Office of Human Resources:

Please call: Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

☐ Fax records to: Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Email records to: Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Mail records to: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please send request to: Robstown ISD – Office of Human Resources at the above address or fax number. Allow 7 to 10 working days to process.  
**An up-to-date service record can only be processed a month after employment end date.**

**HR USE ONLY:**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_