



Gregory-Portland Independent School District

Personnel Records Request

Personal information

Full Name: _____ Email: _____

If record is under another name, please provide that as well.

Last four of Social: XXX-XX-_____ Phone Number: _____

Employee information

Campus: _____ Dates of Employment: _____

Position: _____ Separation Date: _____

Delivery Method

Pick up (will be notified by phone when available)

HR Email (**Preferred**): _____

Mail (address below)

District Name: _____

Attn: _____

Street: _____

City, ST Zip: _____

Documents Requested

Service Records

Transcripts

Certificate

Other _____

I authorize Gregory-Portland ISD to release my records per the information provided above.

Printed Name of Employee

Signature of Employee

Please complete the form and email it to HRDept@g-pisd.org and esanchez3@g-pisd.org