

P.O. Box 1147 Brenham, TX 77833 Phone (979) 277-3700 Fax (979 277-3701

EMPLOYEE REQUEST FOR RECORDS

PLEASE PRINT AND FILL IN ALL SECTIONS

RECORDS REQUESTI	<i>ED:</i> (PLEASE IN	IDICATE RECORDS	BEING REQUEST	ED)
SERVICE RECORD	☐ TRA	NSCRIPT/DIPLOMA		
RECORDS REQUEST FOR: _		SIDST MAAAS	ANDREAM	
CONTACT #:	EMAI	L ADDRESS:		
MAILING ADDRESS:				
RECORDS DISTRIBU	<i>TION:</i> (PLEASE	E INDICATE RECO	RDS BEING REQUI	ESTED)
RECORDS WILL BE PI		BRENHAM ISD ADN	/INISTRATION OFFI	CE
CONTACT WHEN RE				
NAME:		PHONE NUMBER	:	
☐ MAIL RECORDS TO A	DDRESS ABOVE	OR MAIL R	ECORDS TO ADDRE	SS BELOW
NAME OF BUSINESS:				
ADDRESS:				
CITY/STATE/ZIP:				
CONTACT PERSON and	TELEPHONE#:			
REQUESTOR SIGNATURE:			DATE REQUEST	FD·
PLEASE S	-	TTENTION TO HUM hamk-12.net or via	AN RESOURCES VIA	EMAIL @
	 ved	Date Complet	red	Completed by: