



**CHARTER SCHOOLS
Personnel Records Request**

By this communication, I am requesting a copy of the following personnel records:

Fill in ALL boxes

Name of Requestor (Full Name)	Date of Request (MM/DD/YYYY)
Requestor's Phone Number () -	Requestor's Email Address
	Fax Number () -
<u>Full Name of Employee (at time of employment at the school listed below)</u>	
Check one of the boxes shown <input type="checkbox"/> I am the employee shown above, requesting a copy of my personnel file OR <input type="checkbox"/> I am a representative of a school district/charter school, requesting a copy of a personnel file for an employee new to the school district/charter school	
If representing a school district or charter school, shown the name and address below	
Employee's Social Security # - -	Date of Birth (MM/DD/YYYY)
Name of School for Which Records are Being Requested From:	
Mailing Address of Location Where Records Should be Sent To:	

Signature of Requestor

Printed Name

Requests should be completed, signed and submitted via US Postal mail, email or fax to:

**Education Service Center Region 13
Attention Priscilla Diaz
5701 Springdale Road
Austin, Texas 78723**

**Telephone: 512.919.5418
Fax: 512.926.4406
priscilla.diaz@esc13.txed.net**