



Human Resources Dept
1160 SW Wilshire Blvd
Burleson, TX 76028
817-245-1000

Personal Information

Full Name: Former _____

Name(s): _____

SS# -Last 4# only : _____

Home Phone: _____ Cell Phone: _____

Delivery Method

☐ Mail to Address Below

☐ District to District Email

☐ Pick up (Will be notified by phone when available)

District Name: _____ Attn: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Email Address: _____

Employee Type

Current Employee ☐

Substitute Worker ☐

Former Employee ☐

Campus: _____ Dates of Employ: _____

Position: _____ Separation Date: _____

Document(s) Requested

Service Records: Original ☐ Copy ☐

Transcripts: Original ☐ Copy ☐

I

By signing below I am authorizing Burleson ISD to release the selected contents of my personnel folder either by mail or for pick up as noted above.

Signature: _____ Date: _____

Please complete form and return to BISD Human Resources Department.