

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

Personal Information		
Full Name:		
Former Name(s):		
		Cell Phone:
Delivery Method		
<u></u>	o Address Below	☐ Pick up (Will be notified by phone when available)
□ Disilic	et to District Email	Thek op (will be notlined by phone when available)
District Name:		Attn:
		7
,		Employee Type
	Current Employee □	_
Campus:		Dates of Employ:
Position:		Separation Date:
	Docu	ument(s) Requested
Service Records:	Original □ Copy □	
	Original ☐ Copy ☐	
Evaluations:	Original 🗆 Copy 🗆	
Highly Qualified Form:	Original 🗆 Copy 🗆	
		ng Burleson ISD to release the selected contents mail or for pick up as noted above.
Signature:		Date:

Please complete form and return to BISD Human Resources Department.