

# Human Resources Department Credentials/Records Request



**CONROE**  
INDEPENDENT  
SCHOOL DISTRICT

**Complete form and send to:**

Conroe ISD Human Resources  
3205 West Davis Street • Conroe, Texas 77304

Fax .....936-709-9859

Email.....HRrequests@conroeisd.net

**Please print**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Last date worked: \_\_\_\_\_

Social Security No./EIN: \_\_\_\_\_ Contact number: \_\_\_\_\_

Signature: \_\_\_\_\_

The district will provide documents within 30 days after the employee's request. Service records for the current school year will be available 30 days after the employee's last day of work, which provides for the reconciliation of payroll and leave information.

**Documents requested from personnel file:** \_\_\_\_\_

	Requested Copy
HQ Qualification	<input type="checkbox"/>
Certificate & License	<input type="checkbox"/>
Service Records	<input type="checkbox"/>
Transcripts	<input type="checkbox"/>
Substitute Service Verification <i>* TRS must receive verification of unreported service and/or compensation, including substitute service, by August 31 of the fifth year following the year in which the service was rendered or compensation was paid, for service rendered or compensation paid on or after September 1, 2011.</i>	Dates to be verified * <input type="checkbox"/> <input type="checkbox"/>
Purpose for substitute services verification	TRS Credit    CISD Credit
Other: _____	<input type="checkbox"/>

**I would like a copy of my documents sent to me electronically.**

**I would like to pick up the documents in person. Please contact me when they are ready.**

Contact information (phone number or email address): \_\_\_\_\_

**I would like my Conroe ISD documents forwarded to the following school district:**

District name \_\_\_\_\_

District address \_\_\_\_\_