



DALLAS INDEPENDENT SCHOOL DISTRICT

CONSENT FOR RELEASE OF EMPLOYEE PERSONNEL RECORDS

By my signature below, I authorize the Dallas Independent School District to disclose information from the personnel records of:

Employee Name: \_\_\_\_\_

DISD Employee ID No: (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the Dallas Independent School District to release to the following authorized representative, including any associates, assistants, representatives, agents or employees of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any and all requested information pertaining to the undersigned including, but not limited to, any and all records regarding my employment, personnel files, office records, memos, notes, observations and walkthroughs, files, photographs, written statements, transcripts, recorded statements, reports, appraisals/evaluations, emails or other information, including copies.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Name of Employee