

RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES

**RETIRED EMPLOYEE ALL EVENT PASS
APPLICATION**

NAME: _____
(Please print)

ADDRESS: _____ **PHONE NUMBER:** _____

E-MAIL ADDRESS: _____

When were you employed by the RGCCISD? _____

What position did you hold? _____

REQUIREMENTS:	Yes	No
Was your retirement voluntary, i.e., you were not discharged or nonrenewed?	_____	_____
Did you retire from the RGCCISD?	_____	_____
Did you have at least 5 years of service with the RGCCISD?	_____	_____
Did you retire under the Texas Teacher Retirement System (TRS)?	_____	_____

CERTIFICATE OF APPLICANT:

I hereby certify that all statements made herein are true and correct.

Signature of Applicant

Date