

Official Personnel File Disclosure Authorization

It may take 3-7 business days to process this request

Date of Request: _____

Employee Information

Employee File Requested: _____

Employee ID/Social Security Number: _____

Position Title (if known): _____

Department / Division (if known): _____

Dates of Employment (if known): _____

Authorized Review Information

Name of individual authorized to review file: _____

Organization: _____

Phone: _____ Email: _____

Purpose for which information is being used: _____

Verification Document (ex. badge/ driver's license): _____

ID # (ex. Badge #/ driver's license #): _____

Expiration Date: _____

Signatures

Signature of Authorized Reviewer: x _____

Signature of Individual Receiving the file: x _____

Official Use Only

Signature of HR Representative: x _____

Date Received: _____

Notes about file: _____