

# 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: \_\_\_\_\_

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## Signatures

Signature of Authorized Reviewer: x \_\_\_\_\_

Signature of Individual Receiving the file: x \_\_\_\_\_

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## Official Use Only

Signature of HR Representative: x \_\_\_\_\_

Date Received: \_\_\_\_\_

Notes about file: \_\_\_\_\_