

University Personnel File Access Request Form

Please print

Complete each section of this form and fax it to University Human Resources (UHR) at 848-932-0046. You will be contacted by UHR within two (2) business days to discuss scheduling. You must bring valid photo identification with you to your appointment in order to view your file.

Last Na	me First N	Name MI	Employm	ent Status:	Employee Type	
			□Active	□Retired □Termina		
Email A	ddress	Phone	Campus		Department	
Birth dat	·					
	/ / MM/DD/YYYY					
<u> </u>	VIIVI/DD/1111					
What v	vould you like to do	during your appointment?				
	View my University Personnel File					
	Obtain a copy of my University Personnel File					
	Authorize a representative to access my University Personnel File					
	List the full legal name of the individual. The representative will be required to show valid photo identification at the appointment in order to view your file.					
	Name of representative:					
	Other. Please describe:					
that I v		ormation is correct and that to review the file at the Uni aff member.				
·						
	Employee sigi	nature		Date: I	MM/DD/YYYY	
					/ /	
	Operations Init	tials/Forward to Consultant		Date: N	MM/DD/YYYY	
					/ /	
	Consultant sig	gnature		Date: I	MM/DD/YYYY	