

AUTHORIZATION AND RELEASE OF CONFIDENTIAL PERSONNEL FILE INFORMATION

I hereby request a copy of, or to inspect, my personnel file concerning my employment at the University of Wyoming.

I am a: ☐ Current Employee ☐ Former Employee

I am requesting to: ☐ Review my Personnel File ☐ Obtain a Copy of my Personnel File

☐ Obtain copies of specific documents from my Personnel File listed below:

Name (Last, First, Middle): _____

Dates of Employment: _____ to _____

Date of Birth: ____ / ____ / ____

I hereby release and discharge all causes of action, claims or demands for damages, fees or costs that may be asserted against the University of Wyoming, its Trustees, officers, employees, and the State of Wyoming for providing any and all of the above requested file(s) as indicated. This Authorization and Release is given in compliance with the State of Wyoming Public Records Act, specifically, W.S. § 16-4-203, and any other applicable State or Federal law.

I agree to pay the full cost for retrieval and copying of these documents prior to release. A photocopy of this authorization shall be as valid as the original. This release shall expire six (6) months from the date of the signature.

Signature: _____ Date: _____

If requesting copies of any portion of your Personnel File, this form must also be Notarized below:

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me by _____ on this
_____ day of _____, 20_____.

Witness my hand and official seal.

Notary Public

My Commission expires:

For Internal Use Only	Time		Hire Type	
	Pages		Status	