

## AUTHORIZATION AND RELEASE TO PROVIDE PERSONNEL FILE

I authorize and request that the University of Wyoming allow access to my personnel file to the authorized party indicated below.

I am requesting the authorized party be able to:

- ☐ Review my Personnel File for my employment from inception to the date of this request
- ☐ Obtain a Copy of my Personnel File for my employment from inception to the date of this request
- ☐ Obtain copies of specific documents from my Personnel File as listed below:

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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.

I am a: ☐ Current Employee ☐ Previous Employee

Name (Last, First, Middle): \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Authorized Party Name:

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Authorized Party Address and Contact Information:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Release by: ☐ In-Person Pick Up ☐ Mail ☐ E-mail ☐ Fax

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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:

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