

EMPLOYEE REQUEST/WRITTEN AUTHORIZATION FOR RELEASE OF HR FILES

I, _____ /ID# _____, request release of the following HR
(Employee Name - **Please Print**) (Employee ID# - **Please Print**)
records to _____
(Employee or Designated Representative Name, Title – **Please Print**)

for ☐ inspection and/or ☐ copy, in accordance with accessing Human Resources and departmental personnel files [guidelines](#).

Human Resources Records Request

Employee must initial the appropriate file for release:

The records provided will include your university personnel file, maintained by IUHR, and your department personnel file, maintained by your unit.

(Employee initials) Personnel File

(Employee initials) Medical File (including FMLA)

Employee Signature: _____ Date: _____

Contact Information:

Employee Phone#: _____ Employee Email: _____

Designee Phone#: _____ Designee Email: _____

Note: When using this form, review the policy, [Management of Human Resource Records \(HR-02-80\)](#).

FOR IUHR USE ONLY:

File sent to _____ on _____. Sent by _____ via _____.
(Name(s)) (Date) (Name) (Method)

File inspected by _____ on _____. IUHR Representative present _____.
(Name) (Date) (Name)

This completed authorization must be retained in the employee's university personnel file.