

**UNIVERSITY OF UTAH**  
**DIVISION OF HUMAN RESOURCES**

REQUEST TO EXAMINE/COPY DATA FROM PERSONNEL FILE

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

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Data requested or copied from file:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the reason you are requesting to view this file:

(Check One)

- It is your own file.
- You have provided the appropriate release under The Government Records Access Management Act (GRAMA).
- Other \_\_\_\_\_

Signature of Person Requesting Data:

\_\_\_\_\_

This file was examined in my presence:

\_\_\_\_\_

Authorized Human Resource Representative/Title