

UNIVERSITY OF UTAH

DIVISION OF HUMAN RESOURCES

REQUEST TO EXAMINE/COPY DATA FROM PERSONNEL FILE

Date: _____

Name: _____

Social Security Number: _____

Contact Phone Number: _____

Mailing Address: _____

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

HR Representative – please initial for ID check _____

Costs:

Copies - .25/copy

Mailing – applicable cost

Check/Cash – Checks payable to “University of Utah”