

THIS SIDE FOR OFFICE USE ONLY

Will the copies of the personnel records be picked up by the requesting person? (Note, copies will not be mailed if the requesting person owes a fee for actual costs.)

Yes No

If NO, state the address to which the records should be mailed.

Estimated Cost \$ _____ Actual Cost \$ _____

Payment Received and Date _____

Date request filled _____

Date request denied _____

If request is denied or not fulfilled in total, explain those parts fulfilled.

Certified copy requested:

Yes No

Signed _____

Signature of person requesting records

Date Received _____