

Request to Obtain Copy of Records

I, _____, employed by _____
[Name of Employee] [Name of school district or college]

as a _____, hereby request a copy of a personnel record permitted to be inspected by the terms of Section I of the *Policy on Maintenance, Inspection, and Dissemination of Personnel Records*.

I understand that I may be required to pay a fee therefor not greater than the cost of duplication.

[Date]

[Signature of Employee]

Approved:

[Signature of Employer Rep.]

[Position]

[Date]

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