

**REQUEST FOR RELEASE OF PERSONNEL DOCUMENTS
AND/OR PREVIOUS EMPLOYMENT VERIFICATION**

**Urbana School District 116
ATTN: HUMAN RESOURCES
P.O. Box 3039
Urbana, Illinois 61803-3039
TO BE COMPLETED BY EMPLOYEE
Please PRINT legibly or type**

Last Name: _____ First Name: _____ MI: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
Month Day Year

HOME ADDRESS: _____
Street Address

City State Zip Code

Phone: _____

RECORD(S) REQUESTED _____

(Circle One Below)

PICKUP: CENTRAL OFFICE, 1101 E. UNIVERSITY AVE., SUITE B, URBANA (Receptionist)

OR:

MAIL TO: _____

EMPLOYEE SIGNATURE: _____ DATE _____

Please be advised, upon receipt of a written request,
there will be a 3 to 5 day processing period plus a fee as stated below:

FEES: Copy of Personnel File	\$10.00
Partial copies of Personnel File	\$ 3.00