

# REQUEST FOR RELEASE OF PERSONNEL DOCUMENTS

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

**Record(s) Requested:** \_\_\_\_\_

\*\*If requesting medical records, please contact Human Resources at [hr@usd116.org](mailto:hr@usd116.org)\*\*

**Records to be sent to:** (circle one)

Self

Authorized Representative: \_\_\_\_\_  
Name

**How to send records:** (circle one)

Inspect in person: (USD #116 Central Office; 1101 E University Ave, Suite B; Urbana)

Pickup: (USD #116 Central Office; 1101 E University Ave, Suite B; Urbana)

Mail: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

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

**Please be advised, upon receipt of a written request,  
there will be a 7 day processing period plus a fee as stated below:**

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