	Date:			
Request made by:	Phone	In Person	Email	US Mail
		e Print		
Applicant Name:				Last 4 digits of SS#
- Or -				Lust 4 digits of 55#
Employee Name:				
				Last 4 digits of SS#
Phone Number:		Email Address:		
I request the following documents	to be scanned or o	opied:		
Reference(s)		1		
Transcript(s)				
☐ High School Diplo	oma			
Certificate(s)				
☐ License(s)				
Resume				
Other:				
Location of documents (check box)				S In Personnel File
Applicant or Employee Signature (if available)			
Fo	r Human Resou	rces Office	Use Only	
Date document(s) scanned:		By:		
Date document(s) uploaded:		By:		
Notes:				

Form No.: PER 2324-021 – Scan/Copy Records Request / HR / Employment

New Date: 10/18/23