

EMPLOYEE RECORDS

Requester Information	
Name of Requester:	Date of Birth:
Mailing Address:	
City/Town:	Postal Code:

I hereby give my permission for the individual(s) named below to be given access to my HPSPD employee records.

Requester Signature:	
Date:	
Witness Signature:	

Note: Permission is considered valid for 30 (thirty) days from the date of authorization.