

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**

Attn: Records Custodian  
Office of Human Resources  
Rendleman Hall, Box 1040  
Edwardsville, IL 62026

**Re: Personnel Records Examination/Duplication**

To Whom It May Concern:

I/We, \_\_\_\_\_,  
request that the Office of Human Resources make available for inspection or provide copies of the following documents:

(Please provide a description of the information requested, as specific as possible, including the type of records, subject matter, approximate dates the records were created, and the names of the persons involved)

Document(s) requested:


Name:	
E-ID/SSN	
Address:	
Phone Number:	

I wish to arrange to personally inspect the requested records.

I wish to receive hard copies of the requested records.

Requestor's Signature: \_\_\_\_\_