

REQUEST FORM for DOCUMENT RELEASE

Name:
Address:
Phone Number:
Fax Number:

Date

Are you an employee of the City of Kenedy? yes no

If yes; in which department are you employed?

Give a brief description of documents you are requesting:

Before releasing any information in an employees personnel file; make sure there are no violations of: "The Americans Disabilities Act", "The Medical Practices Act", and/or "The Open Records Act."

Signature of Person requesting information:

Signature of Records Management Officer:

Date Records were released: