

UNIVERSITY OF SOUTHERN CALIFORNIA (USC)
PERSONNEL RECORDS INSPECTION/COPY REQUEST FORM

Employee Name <i>(include any former names under which employment may have been held)</i>	Employee Status: <input type="checkbox"/> current employee <input type="checkbox"/> former employee
Request made by: <input type="checkbox"/> employee <input type="checkbox"/> authorized representative <i>(if authorized representative, representative must provide the employee's written authorization <u>or</u> the employee must sign the authorization below)</i>	Type of Request: <input type="checkbox"/> inspection only <input type="checkbox"/> copies only <input type="checkbox"/> inspection and copies

I understand that:

- My representative, if any, must present my written authorization in order to inspect or receive a copy of my personnel records.
- USC may take reasonable steps to verify the identity of my authorized representative.
- This completed request form must be submitted to the USC HR Service Center by email to uschr@usc.edu; in person at the USC Credit Union Building (CUB), 3720 S Flower St, 2nd floor from 9am-5pm M-F; or by postal mail to: USC Human Resources Administration, 3720 S Flower St, 2nd floor, Los Angeles, CA 90089-0704.
- USC may redact the names of any nonsupervisory employee from any records in my personnel records prior to inspection and/or copying.

I have received a copy of this request form. If applicable, I authorize _____ to inspect and/or copy my personnel records on my behalf. I understand that I must show my identification before my records will be shown to me.

 Employee signature / printed name

 Date of request

Employee's USC university or employee ID # _____

For USC use only:
Date of receipt of this request: _____
Name of person receiving this request: _____
Name of employer representative present at inspection / providing copies: _____
Name of individual inspecting / copying records: _____
If authorized representative, method by which identity of representative verified: <input type="checkbox"/> Driver's license <input type="checkbox"/> Photo identification card <input type="checkbox"/> Other (describe): _____
Date of inspection and/or copying: _____
(Check one:) <input type="checkbox"/> inspection only <input type="checkbox"/> copy only <input type="checkbox"/> inspection and copy