



## CCSNH Personnel File Access Request Form

*Please print*

Complete each section of this form and fax it to CCSNH Human Resources at 603-271-2725. You will be contacted by the CCSNH HR Office within two (2) business days to discuss scheduling. You must bring valid photo identification with you to your appointment in order to view your file.

Last Name	First Name	MI	Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Terminated	Employee Type <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Email Address	Phone		CCSNH Institution	Department
Last 4 digits of Social Security number XXX-XX-____-____				

What would you like to do during your appointment?

- View my CCSNH Personnel File
- Obtain a copy of my CCSNH Personnel File
- Authorize a representative to access my CCSNH Personnel File

List the full legal name of the individual. The representative will be required to show valid photo identification at the appointment in order to view your file.

Name of representative: \_\_\_\_\_

- Other – Please describe: \_\_\_\_\_

I verify that the above information is correct and that I am the employee requesting the file. I understand that I will only be allowed to review the file at the CCSNH Human Resources Office located in Concord in the presence of a CCSNH HR staff member.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

HR Use Only:

Date file copied:	Date file reviewed:
HR signature:	Date: