

LANGSTON UNIVERSITY
OFFICE OF HUMAN RESOURCES

REQUEST FOR INFORMATION, DOCUMENTS AND/OR
PERSONNEL FILE REVIEW

DATE: _____

NAME ON FILE: _____

NAME OF PERSON
REQUESTING FILE: _____

TITLE: _____

DIVISION/DEPARTMENT: _____

__REQUEST DOCUMENT/INFORMATION OF: _____
SELF OTHER

DOCUMENT NAME OR TYPE: _____

__REVIEW FILE OF: _____
SELF OTHER

__OTHER: _____

REASON FOR REQUEST

SIGNATURE OF PERSON
REQUESTING INFORMATION

***FILES ARE NOT TO LEAVE OFFICE**