



**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**  
**HUMAN RESOURCES DEPARTMENT**  
 761 E DAILY DR. SUITE 200, CAMARILLO, CALIFORNIA 93010  
 TEL: 805-652-5530 FAX: 805-648-1159

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**PERSONNEL RECORDS REQUEST AND RELEASE FORM**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

By my signature below, I authorize the Human Resources Department of the Ventura County Community College District to copy my personnel file and to release such copy to:

Release such copy to: \_\_\_\_\_  
 (Name)

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 Employee Signature

The employee authorization portion of the form must be completed and signed or a signed and dated authorization must be attached, before any data may be copied or released. A copy of this request with the employee's signed authorization will be added to the employee's personnel file.

Request submitted by: \_\_\_\_\_  
 Print Name and Position/Title

Company/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (only if data is to be mailed):  
 \_\_\_\_\_

Documents Requested (if not the entire file): \_\_\_\_\_

A copying charge of \$3.00 for the first 10 pages and 10 cents for each additional page is payable to the VCCCD. Upon receipt of this completed request, the Human Resources Department will contact you to inform you when the records are ready for pick-up and will provide the total copying fee. Records will be released only upon receipt of payment.

Request Approved by: \_\_\_\_\_  
 Vice Chancellor, Human Resources

Request Processed by: \_\_\_\_\_  
 Name/Title, Human Resources Department

Total pages photocopied: \_\_\_\_\_ Total Copy Charges: \_\_\_\_\_

Records Received/Sent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of person picking up or indicate "Mailed")

Payment forwarded to: Business Services on (date): \_\_\_\_\_