



PUBLIC RECORDS REQUEST FORM

Please print

Please complete and submit this form to make a public-records request with the Alabama State Personnel Department. All fields must be completed with accurate information for your request to be processed.

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Phone Number(s): _____

E-mail Address: _____

Mailing Address: _____

RECORDS REQUESTED. (Please be as specific as possible. Requests that are overly broad may qualify as time-intensive requests and will take longer to respond to. Dates of birth and/or the last four numbers of the employee's social security number will aid in locating the correct information.)

DATE OF REQUEST: _____

Payment of fees is required before your request will be fulfilled.