



# White Earth Reservation Tribal Council

## Employee Personnel File Request Form

Name: \_\_\_\_\_ Position/Department: \_\_\_\_\_

Date: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Documents Requested: (Only specified documents will be released).

---

---

---

---

---

---

Information may be communicated in the following manner:

Copied

Oral

Written

*This authorization shall be in effect as of today's date until 4:30 P.M on this date.*

**I understand that I may revoke this consent at any time by notifying the W.E. Human Resource Department in writing, except to the extent that action has already been taken in reliance on it and that in any event this consent expires automatically as described above.**

**Signature Lines:**

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Date**

For Office Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date documents released: \_\_\_\_\_ Released via (circle): Pick-up Mailed