



# COUNTY OF SANTA CRUZ

## PERSONNEL DEPARTMENT

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### PERSONNEL RECORDS REVIEW FORM

Under PAM Section XIV.2, I, \_\_\_\_\_, request and authorize the County  
(name)  
of Santa Cruz to release information from my personnel file to \_\_\_\_\_.  
(name of organization/individual)

I am aware that that the documents subject to disclosure pursuant to this release includes factual employment information and may include performance and/or disciplinary records.

In exchange for the County of Santa Cruz 's timely cooperation with this request, I hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against the County of Santa Cruz or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with this disclosure of information. This release will expire ninety (90) days after the date signed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Personnel Use Only:

File viewed on \_\_\_\_\_ Initials \_\_\_\_\_