EH&S Request for Information Form

Date ______________________

Your Name (Print) ____________________________  Department ________________________________

Location/Building ____________________________  Room _____________  Phone ________________

In order to receive information from Environmental Health and Safety, **all requests must be in writing.** Please use this form. Use additional pages if necessary. All requests are subject to management approval, no exceptions. Employees and the Union will have access to university-held information in accordance with RCW 42.17 and University Policy.

Information being requested: ________________________________________________________________

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Reason information is being requested: ______________________________________________________

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____________________________________________________________________________________

Requestor Signature ________________________________

Management approval to release information (please circle):  Yes  No

Reason (optional) ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Management representative (print name) __________________________________________________

Title _________________________________________________

Signature ____________________________________________

*Mail form to EH&S, 101 HUS, or fax to x4690*