

**SOWELA TECHNICAL COMMUNITY COLLEGE
P. O. Box 16950
Lake Charles, La 70616-6950**

PRIVACY REQUEST FORM

As provided for under the Public Records Act, La.R.S. 44: 1, a request may be received for information from your payroll/personnel file.

You may elect to keep some of the information “confidential” and not subject to disclosure under the Public Records Act. Please complete the section below and return this form to the Department of Human Resources.

I _____ (print name), social security number _____
officially request that the categories of information checked below not be released to the
public without my permission:

- Name**
- Local address**
- Permanent address**
- Telephone number**
- Cellular telephone number**

Signature

Date