



Talent Office
hr4u.cps.edu
773-553-HR4U

Request for Personnel/Medical File

Current/Former Employees

Complete a Personnel/Medical File form. Form must be notarized

Mail completed notarized form to:

Chicago Public Schools
Employee Records
2651 W Washington, 2nd Floor
Chicago, IL 60612

You can also fax request to:

Fax: (773) 553-1113

Email Scan to:

employeerecords@cps.edu

Please note: Request will be sent via email

Former Employees:

Former Employees may need to complete the Identity Protection Form which will be provided if necessary to obtain the social security number

Note: If you no longer work for the Board, your file may be stored at an offsite storage and should be available within 10 working business days or more.



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Request for Personnel/Medical File

Please complete the following portion of this form to expedite your request:

Title:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>	
Mailing Address:	<input type="text"/>						Apt:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>	
Employee ID:	<input type="text"/>		EmailAddress:	<input type="text"/>				

Work Information: ☐ Current CPS Employee ☐ Former CPS Employee

School Name:

School Address: School Phone:

☐ Teacher ☐ Substitute Teacher ☐ Educational Support Personnel

I am a Chicago Public Schools employee/former employee. I hereby authorize the Chicago Public Schools to disclose the following information: ☐ Personnel ☐ Medical

Please submit the above listed information to:

Forms submitted should have notarized signature authorizing the Talent Office to release the information requested.

To be signed by the employee:

I understand that by signing below, I authorize the Chicago Public Schools to release the information listed above for the purpose(s) stated above. I understand that the information which will be released is for official use for the purposes stated above, and release of any additional information will require a separate request and authorization.

Employee Signature: _____ **Date:** _____
(signature notarized.)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

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Chicago, IL 60612
GSR # 034
Fax: 773.553.1113
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