

WASHINGTON STATE UNIVERSITY

EMPLOYEE PUBLIC RECORDS

EXEMPTION REQUEST

Please return form to: Human Resource Services (HRS)
 Electronic (scan or photo): HRS.Disabilityservices@wsu.edu
 OR Fax: 509-241-9090
 Office Location: 139 French Administration Bldg.
 OR Mailing address: Questions? PO Box 641014, Pullman, WA 99163
 Call HRS at: 509-335-4521

Please complete this form to request an exemption of disclosure of personally identifiable information under the Public Records Act (PRA). Employees, or their dependents, may make such request if they are a survivor of domestic violence, sexual assault, stalking or harassment as defined in the attached Definitions pages.

A. EMPLOYEE INFORMATION (please print)

Name (Last, First, MI)	Personal Email	WSU ID #
Home Mailing Address (Street/PO Box, City, State, Zip Code)		Phone Number
Name of survivor, if not employee		Relationship to employee

B. VERIFICATION

By signing below in Section C, I hereby verify:

1. I (or my dependent) am/is a survivor of domestic violence as defined in RCW 10.99.020 or 7.105.010, sexual assault as defined in RCW 70.125.030 or sexual abuse as defined in RCW 7.105.010, stalking as described in RCW 9A.46.110 or defined in RCW 7.105.010, or harassment as described in RCW 9A.46.020 or defined in RCW 7.105.010.
2. I have reviewed the [Definitions](#) pages.
3. I have the following reasonable basis to believe that the risk of domestic violence, sexual assault, sexual abuse, stalking, or harassment continues to exist (include name of perpetrator):
4. If possible, I have provided a copy of a police report, protection order petition, or other documentation of allegations related to the domestic violence, sexual assault or abuse, stalking, or harassment with this form.

C. EMPLOYEE SIGNATURE

I understand that this sworn statement will expire after two years but may be subsequently renewed by providing a new sworn statement to Washington State University. I declare under penalty of perjury under the laws of the state of Washington the foregoing is true and correct.

Employee Signature	Signed Location (City, State)	Date
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HUMAN RESOURCES VERIFICATION AND CERTIFICATION ONLY

I have confirmed:

- ☐ The sworn statement above identifies the alleged perpetrator or perpetrators by name and, if possible, image or likeness; or
- ☐ I have obtained from the employee a police report, protection order petition, or other documentation of allegations related to the domestic violence, sexual assault or abuse, stalking, or harassment, if available.

Type of Documentation received _____

- ☐ Certified document redaction eligibility in Workday

Human Resources Employee Name	Signature	Date
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