

**REQUEST FOR ACCESS TO/INFORMATION FROM AN eOPF  
OCHR-PHILADELPHIA  
FAX THIS REQUEST TO (215) 697-0224**

**Date of Request:**

**eOPF INFORMATION:**

**Employee's Last Name, First Name, Middle Initial:**

**Employee's SSN:**

**REQUESTER'S INFORMATION:**

**Command Name:**

**HRO Requester's Full Name:**

**Requester's Phone Number:**

**Requester's Fax Number:**

**Requester's E-mail Address:**

**SPECIFIC INFORMATION/DOCUMENT(S) ONLY:**

*Check one of the following:*

Fax to Requester

E-Mail to Requester

**Information /Document(s) Requested (Please be Specific)**

**REQUEST FOR ACCESS TO FULL ELECTRONIC VERSION OF OFFICIAL PERSONNEL FOLDER:**

**Specific information needed/explanation:**

**Reason for request:**

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