



Environmental Health & Instructional Safety  
(714) 278-7233 / Fax (714) 278-4533

**CALIFORNIA STATE UNIVERSITY, FULLERTON  
ENVIRONMENTAL HEALTH AND INSTRUCTIONAL SAFETY**

**REQUEST FOR MEDICAL AND EXPOSURE RECORDS ACCESS**

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(Full Name of Employee or Legal Representative) (Please Print)

herby request access to (my) (\_\_\_\_\_)'s  
(Full Name of Employee) (Please Print)

Medical Records

Exposure Record

As it/they relate(s) to the following conditions of (my) (his/her) employment or place of employment:

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I understand I will be provided access to the requested record(s) within a reasonable time, place, and manner, but in no event later than fifteen (15) days after the date of this request. I further understand that whenever a record has been provided previously without cost, I may be charged reasonable, non-discriminatory administrative costs for additional copies.

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(Signature of Employee or Legal Representative)

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(Date of Signature)