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(date)

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(employer)

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(address)

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(address 2)

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(city/state/zip)

Dear Sir or Madam:

Please provide me with the truthful reason for my termination as required by Minnesota Statute Section 181.933.

Please provide me with a complete copy of my personnel file as required by Minnesota Statute section 181.961.

Please send the requested information and documents to:

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(name)

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(street address)

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(city/state/zip)

Thank you.

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(signature)

Send the original of this form to your former employer by certified mail, return receipt requested. Keep a copy of this form for your records.