DAVISTECH
DAVIS TECHNICAL COLLEGE

Request to Be Classified as an At-Risk Employee
Utah Code § 63G-2-303

An at-risk employee may request that their personal information, or the personal information of their family members, be classified as private by completing this form. The highest-ranking elected or appointed official in the employee's chain of command must also certify that the employee qualifies as at-risk.

Any personal data provided on or with this form will be used solely to process this request. If the requested personal data is not provided, the request may not be granted. Personal data may be shared within Davis Technical College as necessary to review and process this request but will not be sold.

Information collected through this form is retained in accordance with the applicable General Retention Schedules (GRS) established by the State of Utah. If the data is not covered by a GRS, it is retained under a Davis Technical College-specific record series in compliance with state records management requirements.

Applicant Information

Applicant's name: _____

Address: _____

Email: _____

Phone number: _____

Certification of Applicant

1. I hereby certify I am an at-risk employee because I am a current or former:
    a. peace officer as specified in Section 53-13-102;
    b. state or federal judge of an appellate, district, justice, or juvenile court, or court commissioner;
    c. judge authorized by Title 39A, Chapter 5, Utah Code of Military Justice;
    d. judge authorized by Armed Forces, Title 10, United States Code;
    e. federal prosecutor;
    f. prosecutor appointed pursuant to Armed Forces, Title 10, United States Code;
    g. law enforcement official as defined in Section 53-5-711;
    h. prosecutor authorized by Title 39A, Chapter 5, Utah Code of Military Justice; or
    i. state or local government employee who, because of the unique nature of my regular

work assignments or because of one or more recent credible threats directed to or against me, would be at immediate and substantial risk of physical harm if my personal information is disclosed.

2. I am requesting that my personal information, or the personal information of the following family members, be classified as private *(Please list all individuals, including their first and last names):*

Full Name (Include Yourself)	Relationship to Employee

3. I understand, acknowledge, and agree that:
    a. by submitting this form I may not receive official announcements affecting my property, including notices about proposed municipal annexations, incorporations, or zoning modifications;
    b. records containing personal information may be released if:
        i. I give written consent for the records to be released;
        ii. a court orders release of the records; or
        iii. my certified death certificate is provided;
    c. my voter registration records may be released to a qualified person under Subsection 20A-2-104(4)(n) according to the requirements of Subsection 20A-2-104(4)(o);
    d. I will be notified if a subpoena is issued for records containing my personal information and it is my responsibility to:
        i. authorize release of the record; or
        ii. file a motion to quash with the court who issued the subpoena within 10 days from the date the subpoena was mailed to me;
    e. subpoenaed records will be released if I:
        i. provide permission to the release records;
        ii. do not file a motion to quash; or
        iii. a court orders the release of the records;
    f. records containing my personal information will remain private until the earlier of:
        i. four years from today's date; or
        ii. one year after official notice of my death is provided; and

g. I or a member of my immediate family if I deceased, may withdraw my request to have my personal information classified as private.

Date: _____

Signature: _____

Certification of Highest-Ranking Elected/Appointed Official

Name of Certifying Official: _____

Title: _____

Employer: _____

Date: _____

Signature of Highest-Ranking Official: _____

Please return this completed form via email *to either privacy@davistech.edu or publicrecords@davistech.edu with the subject line "At-risk Employee Application"*.