



CALIFORNIA STATE UNIVERSITY, FULLERTON POLICE DEPARTMENT

REQUEST FOR COPY OF POLICE REPORT

Requestor's Info	Requestor's Full Name: _____		Date of Request: _____	
	Requestor's Address: _____		Telephone: _____	Fax: _____
			Email Address (Optional): _____	
I would like my report sent to me by way of: <input type="checkbox"/> Pick-Up <input type="checkbox"/> Mailed		Special Instructions or Additional Remarks: _____		
Case Info	Case Number (if Known): _____		Type of Incident: _____	
	Date and Time of Report: _____		Location of Incident: _____	
Case Association	I am the: <i>(Please Check all that apply)</i>			
	<input type="checkbox"/> Victim		<input type="checkbox"/> Parent/Guarian of: _____	
	<input type="checkbox"/> Suspect/Arrested Person		<input type="checkbox"/> Attorney Representing: _____	
<input type="checkbox"/> Witness		<input type="checkbox"/> Insurance Representative for: _____		
<input type="checkbox"/> Driver		<input type="checkbox"/> Owner of Vehicle/Property: _____		
<input type="checkbox"/> Passenger		<input type="checkbox"/> Other: _____		
Request for Police Records:				
<input type="checkbox"/> Police Report		<input type="checkbox"/> Record History for a Location (Specify)		
<input type="checkbox"/> Records Statistics (Specify)		<input type="checkbox"/> Record History for Person (Specify)		
<input type="checkbox"/> My Arrest Report		<input type="checkbox"/> Other (Specify)		
Specified Info: _____				
I declare under penalty of perjury that the information indicated above is true and correct, and I am the party of interest.				
Requestor's Signature _____		Date _____		
Completed Forms must be: Mailed to: University Police, Attn: Records, 800 N. State College Blvd., Fullerton, CA 92831 Faxed to: (657) 278-2016, or dropped off in person at the above address.				
DEPARTMENT USE ONLY				
Rec'd By: _____		Date: _____		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		By: _____		Reason: _____
				Date: _____
Date of Records Release: _____		By: _____		Method: _____