



# UC Santa Barbara Police Department

## Records Request Form

An approved report for release will also require review of a valid government issued photo ID and collection of the \$10.00 duplication and processing fee.

*Processing of this request may take up to 10 calendar days.*

Full Name (Last, First, Middle)			Date of Birth
Address	City	State	Zip Code
Telephone Number		E-Mail Address	
Date and Time of Incident	Type of Report (Select One) <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Crime <input type="checkbox"/> Incident <input type="checkbox"/> Other		
Report Number	Location of Reported Incident		

Please Select Involvement (Select One)

Driver     Passenger     Pedestrian     Victim     Arrestee     Other (Specify):

Reason for Report Request

**Certification**

**I declare under the penalty of perjury that I am the party of interest identified in the report recorded hereon.**

Signature

Date

**FOR DEPARTMENT USE ONLY**

**(Personnel to Check Applicable Boxes and Complete Required Information)**

- Review Photo I.D.
  - Print Type and I.D. Number: \_\_\_\_\_
  - Collect fee (\$10.00 per copy)
  - Fill out Receipt (Receipt Number: \_\_\_\_\_)
- Transaction completed by: \_\_\_\_\_

**PAYMENT METHOD** (Checks are made payable to 'UC Regents')

- Credit Card
  - Cash
  - Check # \_\_\_\_\_
  - Request Denied
  - Reason: \_\_\_\_\_
- Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_