

Public Records Request Form



Arizona State University Police Department
 P.O. Box 871812, Tempe, AZ 85287-1812
 Phone: (480) 965-5645 | Fax: (480) 965-7600



PDRECORDS@ASU.EDU

Please return form via mail, email, or fax

Name:		Phone number:	
		Fax number:	
Address:	City:	State:	ZIP code:
Email address:			

Notice
 The request record cannot be used for commercial purposes, as defined in ARS § 39.121.03, without prior written consent. Anyone violating this law can be held liable for damages and other civil penalties. **Any fees must be pre-paid; there are no refunds.** Records provided are records available at the time of the process. The fee structure is posted on the ASU Police website and at the ASU Police Department. **The requested records will be held for 14 days after you are notified they are ready for pick up; otherwise, they will be destroyed.**

The following information is required before a record search will be conducted. Please print clearly.

Record number:	Date of incident:	Time of incident:
Location of incident:		
Name of person on record:		Date of birth:
Requestor type:	Record description*:	
<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Defendant or legal representative <input type="checkbox"/> Insurance company <input type="checkbox"/> Media	<input type="checkbox"/> Report or citation <input type="checkbox"/> 911 call <input type="checkbox"/> Body camera video <input type="checkbox"/> Traffic accident report <input type="checkbox"/> Photos <input type="checkbox"/> Clearance Letter <input type="checkbox"/> Radio Traffic	

Records office use only.

Initials of employee receiving request:		Data request received:	
Mode received: <input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Phone			
<input type="checkbox"/> Enclosed is the letter of clearance you requested.		Number of pages in the report:	
Initials of the processor:		Date processed:	
<input type="checkbox"/> Faxed or delivered by other means. Verified law enforcement or official designation only.		<input type="checkbox"/> Left at the counter for pickup	
<input type="checkbox"/> Mailed		<input type="checkbox"/> Emailed	
Total amount due:	Amount received:	Receipt number:	Payment method:
			<input type="checkbox"/> Cash <input type="checkbox"/> Check or money order <input type="checkbox"/> Credit card
Payment received by:	Date received:		

**Requested items must be reviewed and processed according to applicable State Law, Police Department Policy, and Maricopa County Attorney's Guidelines. Therefore, some items may not be immediately available.*