



ARIZONA STATE UNIVERSITY POLICE DEPARTMENT  
 Police Records Division, Box 871812, Tempe, AZ 85287-1812  
 Phone: (480) 965-5645 Fax: (480) 965-5551

**PUBLIC RECORDS REQUEST FORM**

Your Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_  
 Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTICE**

The requested 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/or other civil penalties. Any fees must be pre-paid; there are no refunds. The fee structure is posted on the webpage and at the ASU Police Department. The requested records will be held for 14 days after you are notified it is ready to be picked up, otherwise it will be destroyed.

The following information is required before a record search will be conducted.  
**PLEASE PRINT CLEARLY**

Report Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Name of Person on Record: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Requestor Type:  Victim  Witness  Defendant/Legal Representative  Insurance Co/Claim No. \_\_\_\_\_  
 For Law Enforcement, Court, Prosecutorial, University, or other official business  
 Other: \_\_\_\_\_  
 Record Description:  Offense/Information Description: \_\_\_\_\_  Traffic Accident Report  
 Citation  Letter of Clearance  Video Recording  Audio Recording  Photo CD

**RECORDS OFFICE USE ONLY**

Initials of employee receiving request: \_\_\_\_\_ Date request received: \_\_\_\_\_  In Person  By Phone  By Fax  
 Delivery Method:  Mail Record  Will Pick-Up  Fax or Delivery – Verified Law Enforcement or Official Use Only  
 Enclosed is the Letter of Clearance you requested.  
 Enclosed is the record you requested. The record has not been redacted or edited.  
 Per Arizona Supreme Court guidelines, the enclosed record has been redacted or edited due to:  
 Ongoing criminal investigation.  Privacy or confidentiality rights of individuals named within.  
 The release of investigative techniques or other matters that may be detrimental to the best interest of the State.  
 No record found based on the information you provided or the incident occurred in another jurisdiction. Contact: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Number of Pages in Report: \_\_\_\_\_ Video Recording: \_\_\_\_\_ Audio Recording \_\_\_\_\_ Photo CD \_\_\_\_\_  
 Initials of Processor: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
 Mailed  Left at front counter for pick up  Faxed or Delivered By Other Means – Verified Law Enforcement or Official Destination Only  
 Total Amount Due \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ In form of:  Cash  Check/Money Order # \_\_\_\_\_  
 Payment Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_