



Public Records Request Form



Arizona State University Police Department
 Police Records Division, Box 871812, Tempe, AZ 85287-1812
 Phone: (480) 965-5645 Fax: (480) 965-7600

Your Name:		Phone #:	
		Fax #:	
Address:	City:	State:	Zip:
Email Address:			

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.** Records provided are records available at the time of 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 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: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Defendant/ Legal Representative <input type="checkbox"/> Insurance Company	Record Description*: <input type="checkbox"/> Report/Citation <input type="checkbox"/> 911 Call <input type="checkbox"/> Body Camera Video <input type="checkbox"/> Traffic Accident Report <input type="checkbox"/> Photos	

Records Office Use Only

Initials of employee receiving request:	Date request received:			
Mode received:	<input type="checkbox"/> In person	<input type="checkbox"/> By fax	<input type="checkbox"/> By email	<input type="checkbox"/> By phone
<input type="checkbox"/> Enclosed is the Letter of Clearance you requested.	Number of pages in report:			
Initials of processor:	Date processed:			
<input type="checkbox"/> Emailed	<input type="checkbox"/> Left at counter for pickup	<input type="checkbox"/> Faxed or delivered by other means (verified law enforcement or official destination only)		
<input type="checkbox"/> Mailed				
Total amount due: \$	Amount received: \$	Payment method:	<input type="checkbox"/> Credit card <input type="checkbox"/> Cash <input type="checkbox"/> Check/MO	
Payment received by:	Date received:	Receipt #:		

*Please note that requested items must be reviewed and processed according to applicable State Law, Police Department policy, and Maricopa County Attorney's Guidelines. As such, some items may not be immediately available.