

San Francisco State University Police Department



POLICE REPORT COPY REQUEST FORM

Police reports, whole or in part, will be released to authorized persons, or their designated representatives, unless exempts per sections of the California Public Records Act and 7923 of the Government Code. Police reports may not be released if, by the release, the report could endanger the safety or privacy of a victim, witness, or involved party in the investigation, endanger the successful completion of an investigation, or if the case involves juveniles. Authorized representatives must show or demonstrate proof of representation. Those not party to a crime report/not representing someone involved may only receive certain information. Law enforcement requests for records can be faxed on department letterhead, with reason and contact information to 415-338-0905 attn: Records. All other requests can be dropped off in person, mailed to UPD or sent via email to updrecords@sfsu.edu. Reports cannot be released via email.

	Record Informati	ion (please print)		
Date Requested:	Date of Incident:		Case/Incident #:	
Incident Type:		Reason for Request:		
1) Person Involved	Requestor Information (ple	ease only fill section	1 or 2)	
Full Name:		Driver's License Number:		
Mailing Address:				
Phone Number:	Mail Report? ☐ Yes ☐ No, will pick up			
2) Agency/Authorized Rep	resentative			
Agency Name:	Contact Name:			
Mailing Address:				
Phone Number:	Fax Number:			
Email Address:		☐ Mail ☐ Fax ☐ Pick up in person		
	Requesting Party of Intere	est (please check only	y one)	
☐ Person Involved	□ Attorney	☐ Attorney ☐ Auth. Rep. of Victim		
☐ Parent/Guardian of Juv.	☐ Insurance Repres	☐ Insurance Representative ☐ Other:		
Note:				
• Juvenile reports must	be approved for release by t	he Juvenile Court.		
 Arrest parties get info 	through discover process/tra	ail.		
I declare under the penalty of po	eriury that I am or that I	renresent the narty	of interest in the	renart recarded
hereon. (Digital) Signature:	* *			report recorded
mercon (Bigitar) signature.		Bute.	_	
	Department	t Use Only		
Date Received:				
Received by:		Reason for Denial		
Date Processed:	☐ Confidential	☐ Active I	Investigation	☐ Juvenile
Processed by:	□ Available at Trial	□ Not Ent	itled	□ Other