



University of Northern Colorado Police Department

Criminal Justice Record Request

501 20th Street, Campus Box 27, Greeley, CO 80639
Phone: (970) 351-2245 | Fax: (970) 351-4286

Requesting Party: _____ Phone: () _____

Agency or Party Represented (self, company name, law firm):

Fill in as many fields as possible:
Date of Report: _____
Case Report Number: _____
Location: _____
Officer Name: _____
Incident: _____

I certify that I will not use any information in the requested record(s) to harass, annoy, or intimidate any person named in the record(s) or violate any court orders or laws regarding this or any related matter. Additionally, the information obtained will not be used for monetary gain. I understand I can and will be subject to appropriate legal action if I use any information from the requested record(s) to violate any provisions of local, state, or federal law.

Signature _____ Date _____

Office Use Only

Approved: [] Denied: [] Reason: _____

Full Report: [] Face Sheet Only: [] Other Pages: []

Records Tech/Official: _____ Date: _____