



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 | Email: police.records@unco.edu

Requesting Party: _____ Phone: _____

Email Address: _____

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: _____