



# University of Northern Colorado Police Department

## Criminal Justice Record Request

501 20<sup>th</sup> 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: \_\_\_\_\_