



**UNIVERSITY POLICE**  
 SONOMA STATE UNIVERSITY  
 1801 EAST COTATI AVENUE  
 ROHNERT PARK, CA 94928  
 PHONE: (707) 664-4444  
 FAX: (707) 664-2248



**APPLICATION FOR RECORDS/REPORT RELEASE**

**DISSEMINATION OF POLICE INFORMATION TO UNAUTHORIZED PERSONS IS PROHIBITED AND PUNISHABLE AS A CRIME UNDER STATE LAW.**


← **NAME OF REQUESTING PARTY**  
 ← **MAILING ADDRESS**  
 ← **CITY, STATE, ZIP**  
 ← **TELEPHONE**

Please complete all information below as instructed. The cost per each request is \$10.00. Personal checks or money orders only and must be payable to Sonoma State University. Pursuant to the California Records Act, 6253(a), requests will be processed within 10 business days. We will notify requestors by phone if requests require additional processing time. Failure to accurately complete the required fields may lead to denial of the request. You will be asked to provide proof of identity when picking up your report.

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Request for:**

- Copy of Police Report       Copy of Traffic Report       Copy of Injury Report  
 Other: \_\_\_\_\_

**Case Number:** \_\_\_\_\_      **Date of Incident:** \_\_\_\_\_

**Type of Incident:** \_\_\_\_\_

**Relationship to the Incident:**

- Victim       Insurance Carrier  
 Involved       Authorized Representative of Victim  
 Driver/Owner       Parent/Guardian of Juvenile  
 Other: \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

I declare, under the penalty of perjury, that I am the party of interest as checked above.

\_\_\_\_\_  
 SIGNED      DATE

*DEPARTMENT USE ONLY*

DATE RECEIVED:
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DATE PROCESSED: \_\_\_\_\_      AMT PAID/REC'D BY: \_\_\_\_\_  
 REQUEST APPROVED      DATE OF RELEASE: \_\_\_\_\_  
 REQUEST DENIED      RELEASED BY: \_\_\_\_\_  
 ID VERIFIED:

REASON FOR DENIAL: \_\_\_\_\_