



ASSUMPTION UNIVERSITY DEPARTMENT OF PUBLIC SAFETY

REQUEST FOR COPY OF INCIDENT REPORT

Incident #: _____

STUDENT / REQUESTOR:

- You may receive a copy of an incident report if the report relates to you and if the Director of Public Safety, in his sole discretion, approves the release of the report.
- Completely fill out this form and return to Campus Police, Kennedy Memorial Hall.
- Allow two (2) weeks to process your request.
- If your case is pending in court, a copy of the report can only be requested through the District Attorney's Office or other governmental agency, i.e., Immigration and Naturalization Services.
- A \$5 processing fee, payable to Assumption University, must be submitted if request is from a lawyer or insurance company.

PLEASE PRINT

Today's Date: _____ / _____ / _____

Student / Requestor's Name: _____

Name of Involved / Insured: _____

Mailing Address: _____

Unless specifically requested not to, all requests will be mailed to the requestor.

Phone: **Cell:** (____) ____ - ____ **Home:** (____) ____ - ____ **Campus:** (____) ____ - ____

Incident / Accident Date: _____ / _____ / _____

Reason for Report Request: _____

Requestor's Signature: _____

DISPATCH:

- Ask the student / requestor for ID as only the party involved or authorized agency can request a copy of a report.
- Forward all requests to the Director of Public Safety for approval. Only the Director of Public Safety can issue the distribution of incident reports to the public.

Assumption University Police use only:

Initials of Dispatcher / Officer Who Received Request: _____

Date Request Received: _____ / _____ / _____

Released by Director: _____

Date Report Released: _____ / _____ / _____

Fee Received From Third Party: _____

Comments: _____