

**\*\*PLEASE READ BEFORE COMPLETING THE APPLICATION\*\***

**Instructions for Submitting an Application for Copy of Police Report**

For Mail-In Requests:

1. Complete the Application for Copy of Police Report.
2. Mail your completed application, a copy of your valid government issued ID, and a check made out to "UC Regents" (\$10.00 per copy of report) to the following address:

UC Santa Barbara Police Department  
ATTN: Records  
Public Safety Building #574, UCSB  
Santa Barbara, CA 93106

- If your application is approved, a copy of the police report that you have requested will be mailed to the address listed on your application.
- If your application is denied, your check will be returned by mail to the address listed on your application.

**If you need further assistance, please contact the UCSB Police Department Records office by phone or email.**

**(805) 893-3886  
records@police.ucsb.edu**



# UC Santa Barbara Police Department

## Application for Copy of Police Report

**\*\*Please review instructions for submitting the application before completing this form\*\***

An approved report for release will also require review of a valid government issued photo ID (or copy of your valid government issued ID for mail-in requests) and collection of the \$10.00 duplication and processing fee.

Full Name (Last, First, Middle)		Date of Birth
Mailing Address	City	Zip
Telephone Number	E-Mail Address	
Date and Time of Incident	Type of Report (Select One) <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Crime <input type="checkbox"/> Incident <input type="checkbox"/> Other	
Report Number	Location of Reported Incident	

Please Select Involvement (Select One)

Driver     Passenger     Pedestrian     Victim     Arrestee     Other (Specify):

Reason for Report Request

**Certification**

**I declare under the penalty of perjury that I am the party of interest identified in the report recorded herein.**

Signature	Date
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**FOR DEPARTMENT USE ONLY**

**(Personnel to Check Applicable Boxes and Complete Required Information)**

Review Photo I.D.  
 Print Type and I.D. Number: \_\_\_\_\_  
 Collect fee (\$10.00 per copy)  
 Fill out Receipt (Receipt Number: \_\_\_\_\_)  
 Transaction completed by: \_\_\_\_\_

**PAYMENT METHOD (Checks are made payable to 'UC Regents')**

<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Check #: _____	<input type="checkbox"/> Request Denied <input type="checkbox"/> Reason for Denial: _____
Prepared by: _____	Date: _____