



# UC Santa Barbara Police Department

## Records Request Form

An approved report for release will also require review of a valid government issued photo ID and collection of the \$10.00 duplication and processing fee.  
*Processing of this request may take up to 10 calendar days.*

Full Name (Last, First, Middle)		Date of Birth	
Address	City	State	Zip Code
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 hereon.**

Signature	Date
-----------	------

**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"/> Credit Card  <input type="checkbox"/> Check # _____	<input type="checkbox"/> Request Denied Reason: _____
Prepared by: _____	Date: _____