REQUESTOR'S NAME: 
MAILING ADDRESS: 
CITY, STATE, ZIP CODE: 
DAYTIME PHONE #: 
OTHER/EVENING PHONE #: 

In accordance with the Government Records Access and Management Act (GRAMA), I am requesting to:

☐ view a record (you will be called for an appointment), or
☐ obtain a copy of a record(s) (minimum fee of $10.00, or $5.00 with a valid Utah State University ID card)

which I believe are collected, filed, and/or used by the Utah State University Police Department at 5800 Old Main Hill, Logan, UT 84322.

If you know the case number, please provide it here: _______________________.
Otherwise describe the event. Please provide as much detail as you can, i.e. type of incident, date of occurrence, complainant, persons involved, etc.:


If requested records are not public, mark the statement below that explains why you are entitled to access:

☐ I am the subject of the record
☐ I am the person who provided the information
☐ I am authorized to have access by the subject of record or by the person who submitted the information.
    Documentation required by UCA 63-2-202 is attached.
☐ Other (please explain) ____________________________________________

☐ I request that the record be mailed to me at the following address: ☐ same as above.
Address: ____________________________________________
City: ____________________________
State: ____________________________
Zip Code: ____________________________

Utah law allows ten (10) working days to respond to your request. Most requests are completed within five days or less.

I request a waiver of all processing fees due to the following:

☐ Indigent ☐ Victim of Domestic Violence ☐ I am the subject of the record ☐ Other (explain): ____________________________

_________________________________________  ____________________________
(Signature of Requestor)  (Date)

If the records requested are classified as “controlled” read and sign the following:

ACKNOWLEDGMENT
I hereby acknowledge that I am a physician, psychologist, certified social worker, insurance provider or agent, and that I will not disclose controlled information to any person including the subject of the record, except in response to lawful order of the State Records Committee or the District Court.

_________________________________________  ____________________________
(Signature)  (Date)