

## UTAH STATE UNIVERSITY POLICE DEPARTMENT RECORDS REQUEST FORM

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)