RIVERSIDE COMMUNITY COLLEGE DISTRICT
POLICE DEPARTMENT
REQUEST FOR RELEASE OF RECORDS INFORMATION

Date/Time Requested: _____ **Report #:** _____

Applicant Information

Name: _____   Date of Birth: _____

Address: _____   Driver's License #: _____

_____   Contact Phone #: _____

Type of Report

☐ Traffic Collision   ☐ Burglary   ☐ Theft   ☐ Arrest   ☐ Other _____

Date/Time of Occurrence: _____

Location of Incident: _____

Campus: ☐ Riverside   ☐ Moreno Valley   ☐ Norco   ☐ Other _____

Party of Interest (check one)

I, the undersigned, request information regarding the incident described above:

☐ Person Involved (Driver, Passenger, Pedestrian, or Victim)

☐ Property Owner

☐ Authorized Individual (signed and notarized authorization is required)

☐ Parent/Guardian of Juvenile Party

☐ Representative of Insurance Company or Insurance Adjusting Agency

   (Company/Agency name_____)

☐ Attorney (please attach signed waiver by client authorizing release of information)

☐ Other Party of interest (specify) _____

Certification

I declare, under the penalty of perjury that...

☐ I am the party of interest identified in the report recorded hereon.

☐ I represent the party of interest identified in the report recorded hereon.

☐ I am an attorney representing the party of interest identified in the report recorded hereon.

Signature: _____   Date: _____

Right to Know / Need to Know

Reason for requesting report and/or information: _____

_____

For Department Use Only

Received by: _____   Date: _____

Request ☐Approved ☐Denied by: _____   Date: _____

Date mailed: _____ /ID #_____   Date called for pickup: _____ /ID #_____

Date/Time Released: _____   By: _____