RIVERSIDE COMMUNITY COLLEGE DISTRICT POLICE DEPARTMENT

REQUEST FOR RELEASE OF RECORDS INFORMATION

| Date of Birth: Date of Birth: Address: Driver's License #: Contact Phone #: Date of Report Traffic Collision Burglary Theft Arrest Other Date/Time of Occurrence: Location of Incident: Campus: Riverside Moreno Valley Norco Other Date/Time of Occurrence: Location of Incident: Campus: Riverside Moreno Valley Norco Other Description Person Involved (Driver, Passenger, Pedestrian, or Victim) 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 automey representing the party of interest identified in the report recorded hereon. I am an automey representing the party of interest identified in the report recorded hereon. Date: Date: Date: Date: Date | Date/Time Requested: | Report #: |
|--|---|------------------|
| Address: | Applicant Information | |
| Address: | Name: | Date of Birth: |
| 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. I am an attorney representing the party of interest identified in the report recorded hereon. Right to Know / Need to Know | | |
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| Campus: Riverside Moreno Valley Norco Other | | |
| Party of Interest (check one) | | |
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| □ 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 | Party of Interest (check one) | |
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| □ 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) | ☐ Property Owner | |
| □ Representative of Insurance Company or Insurance Adjusting Agency (Company/Agency name | Authorized Individual (signed and notarized authorization is required) | |
| Company/Agency name | ☐ Parent/Guardian of Juvenile Party | |
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