University of Colorado Denver Police Department
Records Search/Release Application (Criminal Justice Records)

INSTRUCTIONS:
Please fill out this form completely; include the University of Colorado Denver PD Case Number (if known). Bring or deliver the completed form along with a VALID PHOTO ID to the University of Colorado Denver Police Department at:

University of Colorado Denver Police Department
Building 407 MS F409
12454 East 19th Place
Aurora, CO 80045
303-724-2000

A non-refundable research fee of $7.00 per record (a $.25 per page copy fee will be added after the first 10 pages), or $30.00 search fee for photo/audio/video records searches and, a $15.00 per CD/$20.00 per DVD fee (an $8.00/15 minute fee will be added to searches longer than 1 hour) will be charged for each search made. Applicable fees are payable by invoice, money order, check, or cash (exact change) and are required for each records search. Requests received via mail, fax, or e-mail will not be released until the requestor has presented a VALID PHOTO ID and the research fee(s) has been paid. Records available for release will be mailed or available for pick up within three (3) business days from the date of the request.

<table>
<thead>
<tr>
<th>Type of Report/information Requested:</th>
<th>Offense</th>
<th>Incident</th>
<th>Accident</th>
<th>Other</th>
</tr>
</thead>
</table>

Please provide the following information as completely as possible. Incomplete or missing information may affect the Police Department’s ability to process your request.

<table>
<thead>
<tr>
<th>Case Number:</th>
<th>Date of Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location the Incident Occurred:</td>
<td></td>
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</tbody>
</table>

Name(s) of persons related to the report (Example; Person Reporting the Incident, Victim, Witnesses)

1.
2.
3.
4.

Name of Person Making the Request:

You Are The: [ ] Victim/Reporting Party [ ] Witness [ ] Suspect [ ] Arrestee [ ] Other (Explain)

Address:

City: ___________________ State: ___________ ZIP: ___________ [ ] RES [ ] BUS

H/Phone: ___________________ Bus. Phone: ___________________ EXT: ___________

Please state the reason for your request:

Signature: ___________________ Date: ___________

Received By: ___________________ Date Received: ___________

Requestor’s ID Type: _______ ID No.: ___________________ State: _______ DOB: ___________

Notes: ___________________

(For request made by UC Denver PD Employees or other Law Enforcement Agencies)

Requesting Officer: ___________________ ID No.: ___________

Agency: ___________________ Phone: ___________

Reason for Request: ___________________________________________________________________

POLICE DEPARTMENT USE ONLY

Disposition of Request:

Request Approved: _____ YES _____ NO Total No. of Pages/CD’S: _____ Total Cost: ___________

If Denied, Reason for Denial: ___________________________________________________________________

Records Security Officer/Custodian Signature: ___________________
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The undersigned hereby affirms that upon receipt of certain records of official actions and/or Criminal Justice Records from The University of Colorado Denver Police Department, such records shall not be used for the direct solicitation of business for pecuniary gain, pursuant to C.R.S section 24-72-305.5.

Signature: ________________________________ Date: ____________________