

Use this form when requesting a completed report. Do not use this form to report a crime. To report a crime, call 650.329.2413 and speak with a deputy.

Please print the form, complete all requested information, add any supporting documentation, **and include a copy of your photo ID**. Return it to Stanford University Department of Public Safety.

It may be returned by:

Email: police-records@lists.stanford.edu

U.S. Mail: Stanford University
Department of Public Safety
Records Unit
711 Serra Street
Stanford, CA 94305-7240
(Please allow time for mail delivery)

Campus ID Mail: Public Safety
Mail Code 7240
(Please allow time for mail delivery)

Fax: 650-725-8485

deliver in person: Public Safety Building
711 Serra Street
Stanford, CA 94305-7240

*If you have any questions call the SUDPS Records Unit at **650-723-9633***



**STANFORD DEPARTMENT OF PUBLIC SAFETY
SANTA CLARA COUNTY SHERIFF'S DEPARTMENT
RECORDS UNIT - RECORDS REQUEST FORM**

711 SERRA ST
STANFORD, CALIFORNIA 94305
(650) 723-9633
(650) 725-8485 FAX

Section 6254(f) of the California Government Code governs disclosure of records of complaints and investigations conducted by the Sheriff's Department. These records will not be disclosed if the Sheriff's Department determines the disclosure would endanger the safety of a witness or other person involved in the investigation or if its disclosure will endanger the successful completion of the investigation or a related investigation. In addition, if records are disclosed pursuant to section 6254(f), some information contained within these records may be protected by state and federal laws and will not be released. Response to your request will be within **10 days**. A delay in processing your request may occur if: incomplete or illegible; if juveniles are involved; and / or photos are requested. You will be notified by telephone of any fees. Cash, checks and money orders with proper ID will be accepted.

TODAY'S DATE		REPORT / CASE NUMBER			
<input type="checkbox"/> VICTIM	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OTHER	<input type="checkbox"/> PARENT OF VICTIM UNDER 18 YRS Name of Juv. _____	<input type="checkbox"/> AUTHORIZED REP <input type="checkbox"/> ATTORNEY <input type="checkbox"/> INSURANCE <i>attach business card</i>	
			PERSON REPRESENTED _____		
YOUR NAME					
ADDRESS					
CITY / STATE / ZIP					
PHONE NUMBER					
TYPE OF INCIDENT		DATE OF INCIDENT		LOCATION OF INCIDENT	
REASON REQUESTED (OPTIONAL)					
SPECIAL REQUEST / COMMENTS (OPTIONAL)					
<i>ITEM NEEDED</i>					
REPORT <input type="checkbox"/>		PICK UP <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER: _____			
<small>I certify these statements are true. The information requested will not be used maliciously or uselessly to harass, degrade or humiliate any person.</small>					
SIGNATURE					DATE
SHERIFF'S OFFICE USE ONLY					
RECEIVED BY - BADGE #		ID VERIFIED <input type="checkbox"/> YES		REQUESTOR'S DOB	
<i>INVESTIGATIONS</i>					
APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE			DATE
DENIAL REASON <input type="checkbox"/> GC6254(f) <input type="checkbox"/> Refer to DA <input type="checkbox"/> PC11167.5 - Child Abuse <input type="checkbox"/> W115633 - Elder Abuse <input type="checkbox"/> W1827 - TNG Order - Juvenile <input type="checkbox"/> OTHER (COMMENT BELOW)					
COMMENTS					
<i>RECORDS</i>					
DATE DUE	RESTRICTED <input type="checkbox"/> YES <input type="checkbox"/> NO JUV COURT NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE TO INVESTIGATIONS FOR REVIEW		DATE RET'D FROM INVESTIGATIONS REVIEW
COMMENTS					
REDACTED PERSONAL INFO OF: <input type="checkbox"/> VIC <input type="checkbox"/> SUS <input type="checkbox"/> RP <input type="checkbox"/> OTH <input type="checkbox"/> WIT <input type="checkbox"/> JUV <input type="checkbox"/> NONE				REDACTED BY - BADGE #	
PAGES REMOVED <input type="checkbox"/> CLOSING <input type="checkbox"/> SUPPS <input type="checkbox"/> OTHER _____			NO. PAGES RELEASED		AMOUNT DUE \$
RELEASED BY - BADGE		<input type="checkbox"/> FRONT/BACK COUNTER PICK UP <input type="checkbox"/> MAILED/EMAILED <input type="checkbox"/> ADVISED BY PHONE _____			DATE