

*A \$5.00 processing fee is charged for all record requests.
Please allow ten days for processing status response.*

USF DEPARTMENT OF PUBLIC SAFETY RECORD REQUEST FORM

TODAY'S DATE _____

DEPARTMENT OR AGENCY NAME _____

NAME OF PERSON REQUESTING RECORD(S) _____

CONTACT PHONE # _____

PLEASE CHECK ONE

CONFIRMATION: REPORT IS ON FILE (*FOR INSURANCE PURPOSES*)

DATE OF INCIDENT _____

CASE NUMBER _____

BACKGROUND CHECK ON AN INDIVIDUAL (**SIGNED WAIVER REQUIRED**)

NAME _____

DATE OF BIRTH _____

PUBLIC SAFETY USE ONLY

DISTRIBUTION OPTION 1

MAIL TO ADDRESS BELOW:

CONFIRMED IDENTIFICATION (PHOTOCOPY ATTACHED)

ADDRESS _____

PHONE _____

DISTRIBUTION OPTION 2

HOLD RECORDS FOR PICK-UP

CONFIRMED IDENTIFICATION UPON PICK-UP

DIRECTOR'S SIGNATURE _____