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.

Type of Report/information Requested: [ ] Offense [ ] Incident [ ] Accident [ ] Other
Please provide the following information as completely as possible. Incomplete or missing information may affect the Police Department’s ability to process your request.

Case Number: ___________________________ Date of Report: ___________________________
Location the Incident Occurred: ___________________________
Name(s) of persons related to the report (Example: Person Reporting the Incident, Victim, Witnesses)
1. _____________________________________ 3. _____________________________________
2. _____________________________________ 4. _____________________________________
Name of Person Making the Request: ___________________________
Birth Date: ___________________________
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: ___________________