



SOUTHERN UNIVERSITY AT N.O. POLICE DEPARTMENT
POLICE REPORT REQUEST FORM

According to the policy of this Department, all report requests are subject to a review procedure before being released and may not be immediately available (Allow up to 10 working days to process and authorize request.). It is our goal to provide the public with access to information legally defined as public while maintaining the confidentiality of information exempted by law. Therefore, if releasable and approved, the report you receive may have some information redacted. **There is a \$20.00 fee for Motor Vehicle Accident Reports and a \$25.00 fee for Incident Reports.** Fees must be paid to the Comptroller's Office. Pre-payment of fees is required prior to processing report request. Please complete the following so we may fill your request and contact you when ready for pick-up:

Name: _____

Address: _____

Telephone: _____ Email Address: _____

Date of Request: _____

Report #: _____

Type of Report Requested: Incident Report Motor Vehicle Accident Report Investigation Report

Indicate Involvement/ Interest in the report:

- | | | |
|--|--|--|
| <input type="checkbox"/> VICTIM | <input type="checkbox"/> SUNO STUDENT DISCIPLINARY | <input type="checkbox"/> PARENT/GUARDIAN OF JUVENILE |
| <input type="checkbox"/> SUSPECT | <input type="checkbox"/> SUNO HUMAN RESOURCES | <input type="checkbox"/> LAW ENFORCEMENT _____ |
| <input type="checkbox"/> DRIVER | <input type="checkbox"/> SUNO TITLE IX | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PASSENGER | <input type="checkbox"/> SUNO RISK MANAGEMENT | <input type="checkbox"/> REPRESENTATIVE OF INSURANCE |
| <input type="checkbox"/> PERSON INVOLVED | <input type="checkbox"/> ATTORNEY | CO. OR INSURANCE ADJUSTING |
| <input type="checkbox"/> AUTHORIZED INDIVIDUAL
<small>(SIGNED AUTHORITY REQUIRED)</small> | <input type="checkbox"/> PROPERTY OWNER | AGENCY |

AFFIDAVIT

This section must be signed in the presence of a SUNOPD representative, to receive the requested report, at time of pickup.

I declare under penalty of perjury that I am a party involved in the report, or a legal representative of an involved party. I further declare under penalty of perjury that the address information obtained pursuant to this request shall not be used directly, or indirectly, to sell a product or service to any individual or group. Any information obtained will not be used to commit any misdemeanor or felony offense.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE/FOR OFFICE USE ONLY

Received By: _____ Fee: Paid Waived
Requester's ID Number (indicate if Driver's License (i.e. CA DL # or other type): _____
Chief of Police: _____ Approved Disapprove
 Mailed By: _____ Dated: _____
 Released By: _____ Dated: _____
Reason report not released: _____
Comments: _____