



To Use Stanford University Department of Public Safety Forms

Please print the necessary form, complete all requested information and add any supporting documentation. Return it to Stanford University Department of Public Safety.

It may be returned:

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

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

By Fax to: 650-725-8485

or By delivery in person: Public Safety Building
 Police and Fire Departments
 Serra St. at Campus Dr.
 (Directly behind the gas station).

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



Stanford University Department of Public Safety

711 Serra Street
Stanford, CA 94305-7240
650.723.9633

RECORDS INFORMATION REQUEST

Please Type or Print !

| | | | | |
|------------------|-------------------|-------|-------------|-------------------------------------|
| | LAST | FIRST | MIDDLE | STANFORD RECORD NUMBER SR |
| Address | NUMBER AND STREET | | APT. NUMBER | HOME PHONE () - |
| | CITY, STATE ZIP | | | BUSINESS PHONE () - |
| TYPE OF INCIDENT | | | | DATE OF INCIDENT |

Attention: Section § 6254 of the *California Government Code* authorizes the **Stanford University Department of Public Safety** (per Memorandum of Agreement with the **Santa Clara County Sheriff's Department**) to release records of complaints or investigations conducted by this office to:

- A. Victim(s) of an incident in the report
- B. Person(s) suffering bodily injury described in the report
- C. Person(s) suffering loss of property damage listed in the report
- D. Arrestee(s), suspect(s), witness(es), reporting person(s), or associated person(s) NAMED in the report *with legitimate need* for the report.
- E. Authorized representative(s) or agent(s) of such person(s). (Upon presentation of proof of authority.)
- F. Insurance carrier(s) for such person(s). (Attach business card.)

| | | | | | | |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| I certify that I am: | A - G | B - G | C - G | D - G | E - G | F - G |
| I certify that I represent: | | | | | | |
| Specific Information Requested: | | | | | | |
| | | | | | | |
| | | | | | | |
| Reason Information is Needed: | | | | | | |
| | | | | | | |
| | | | | | | |

I certify under penalty of perjury that I am familiar with the limited purposes set forth in Penal Code §11105 for which the requested information may be used. I further state that the information released hereunder will be used solely for the specific purposes noted above and will not be used to harass, degrade or humiliate any person, no for employment or related purposes. I further certify as to the need to fulfill official duties and obligations to my office, and hereby agree to indemnify the Sheriff of Santa Clara County for any liability arising out of improper use of the information requests.

Dissemination and/or possession of criminal offender record is controlled by law. (Penal Code §11075 through §11081.)

| | | | | | |
|--------------------------|---------|-------------------|----------------------|------------------------|-------------------------|
| Identification Provided: | Number: | Ca DL G | Passport G | Student ID G | Other G _____ |
| Signature | | Date: | | | |

For Office Use Only!

| | | |
|------------------------|------------------|---------|
| Approved: G | Denied: G | Reason: |
| Authorizing Signature: | | Date: |