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: _____

THE UNDERSIGNED HEREBY AFFIRMS THAT UPON RECEIPT OF CERTAIN RECORDS OF OFFICAL ACTIONS AND/OR CRIMINAL JUSTICE RECORDS FROM THE UNIVERISTY OF COLORADO DENVER POLICE DEPARTMENT, SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLITSITATION OF BUSINESS FOR PECUNIARY GAIN, PURSUANT TO C.R.S. SECTION 24-72-305.5

*Signature*_____ Date_____