



Stockton Unified School District
DEPARTMENT OF PUBLIC SAFETY

MAYRA FRANCO
Chief of Police



640 N. San Joaquin Street
Stockton, CA 95202
Tel: 209-933-7085
Fax: 209-948-0218
www.susdpolice.org

RECORDS INFORMATION REQUEST

FAX: (209) 462-6724

I have a legal and a professional need to know the information. I am requesting as provided in current California law. I also understand that if I do not have both a legal right and a legal need to this information, I would be subject to criminal prosecution.

CASE NO. LOCATION:

- Traffic Accident, Vandalism, Auto Theft, Assault, Burglary, Other:

VICTIM'S NAME: First Last DOB

SUSPECT'S NAME: First Last DOB

OTHER POLICE REPORT REQUEST (describe what information you want from local or state law enforcement records system):

YOUR NAME: TELEPHONE NUMBER: ()

ADDRESS: ZIP:

RELATIONSHIP: TO: Victim Suspect

I certify that I am: (Check applicable box)

- Government Agency, Victim Named in Report, Insurance Agent, Authorized Representative: I represent:

Signature: Date:

Authorization to release all reports must be approved by the Chief of Police. NO REPORT WILL BE RELEASED UNTIL THIS FORM HAS BEEN COMPLETED. FEE: \$10 per copy.

APPROVED NOT APPROVED CHIEF OF POLICE: