

****PLEASE READ BEFORE COMPLETING THE APPLICATION****

**Instructions for submitting the
Application for Copy of Police Report**

Requests by Mail:

1. Complete the Application for Copy of Police Report.
2. Mail your completed application, with a copy of your valid government issued ID, and a check made payable to "Cuesta College" (\$10.00 per copy of report) to the following address:

Cuesta College Police Department
ATTN: Records
P.O. Box 8106
San Luis Obispo, CA 93403-8106

- If your application is Approved, a copy of the police report that you requested will be mailed to the address listed on your application.
- If your application is Denied, your check will be returned by mail to the address listed on your application.

If you need further assistance, please contact the Cuesta Police Department Records office by phone or email.

(805) 546-3205
ccpd@cuesta.edu

Cuesta College Police Department Application for Copy of Police Report

****Please review instructions for submitting the application before completing this form****

An approved report for release will also require review of a valid government issued photo ID (or a copy of your valid government issued ID for mail-in requests) and collection of the \$10.00 duplication and processing fee.

Full Name (Last, First, Middle)		Date of Birth
Mailing Address		City
		Zip
Telephone Number		E-Mail Address
Date and Time of Incident		Type of Report (Select One)
		<input type="checkbox"/> Traffic Accident <input type="checkbox"/> Crime <input type="checkbox"/> Incident <input type="checkbox"/> Other
Report Number		Location of Reported Incident
Please Select Involvement (Select One)		
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Victim <input type="checkbox"/> Arrestee <input type="checkbox"/> Other (Specify):		
Reason for Report Request		
Certification:		
I declare under the penalty of perjury that I am the party of interest identified in the report recorded herein.		
Signature		Date

FOR DEPARTMENT USE ONLY

Personnel to check applicable boxes and complete required information.

<input type="checkbox"/> Review Photo I.D.	<input type="checkbox"/> Print Type and I.D. Number: _____
<input type="checkbox"/> Collect fee (\$10.00/copy) - No. of copies: _____	<input type="checkbox"/> Fill out receipt (Receipt number): _____
Transaction completed by:	
Name: _____ Body #: _____ Date: _____	

PAYMENT METHOD (Checks to be made payable to "Cuesta College".)

Cash \$ _____	Check #: _____	Amount: \$ _____
<input type="checkbox"/> Request Denied / Reason for Denial: _____		
Prepared by: _____		Date: _____