UNT | HEALTH SCIENCE CENTER
POLICE DEPARTMENT

# Open Records Request Form

By submission of this document, I am requesting the information stated below. I have given the specifics of the information I am requesting. I understand that some document or portions thereof, are subject to non-disclosure under Chapter 552 of the Texas Government Code, Public Information Act and other state and federal laws.

I understand that Texas license plate numbers, driver's license numbers, vehicle identification numbers and social security numbers are confidential by law and cannot be released to me. I further understand that personal financial identification numbers including but not limited to credit card account numbers, bank account numbers, etc. are confidential. I hereby stipulate that my request excludes these items and authorize them to be redacted (removed) from the document(s) I am requesting.

**YES** ◯ **NO** ◯ **(Check one)**

Type Of Report Request (Offense, Incident, Arrest, etc.):

Person's Name On The Report:

Report # (Example: 2011xxxx):

**Report Details – Specify Exactly What Information Is Needed** (be specific with Names, Dates, Locations, etc.)

**Requestor's Information**

Name:

Address:

City / State / Zip:

Daytime Phone:

**For Police Use Only**

Date Received: _____ Received By: _____

Date Released: _____ Released By: _____