



UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
POLICE DEPARTMENT

**POLICE INCIDENT REPORT COPY RELEASE FORM**

NAME OF APPLICANT OR AGENCY \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

PHONE NUMBER (FAX NUMBER) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

POLICE REPORT # \_\_\_\_\_ REPORT DATE AND TIME \_\_\_\_\_ TYPE OF REPORT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_ NAME OF PERSON(S) INVOLVED \_\_\_\_\_

PREFERRED METHOD OF REPORT DISTRIBUTION:

\_\_\_\_ E-MAIL    \_\_\_\_ POSTAL-MAIL    \_\_\_\_ FAX    \_\_\_\_ PICK UP

**PARTY OF INTEREST (CHECK ONE)**

- \_\_\_\_ PERSON INVOLVED
- \_\_\_\_ AUTHORIZED INDIVIDUAL (SIGNED AUTHORITY REQUIRED)
- \_\_\_\_ REPRESENTATIVE OF INSURANCE CO. OR INSURANCE ADJUSTING AGENCY
- \_\_\_\_ UC DEPARTMENT
- \_\_\_\_ UCSF FIRE MARSHALL
- \_\_\_\_ OTHER PARTY OF INTEREST (SPECIFY) \_\_\_\_\_
- \_\_\_\_ PROPERTY OWNER
- \_\_\_\_ PARENT/GUARDIAN OF JUVENILE
- \_\_\_\_ ATTORNEY
- \_\_\_\_ UCSF RISK MANAGEMENT

**CERTIFICATION**

I declare under the penalty of perjury that...\_\_\_\_ I am \_\_\_\_ I represent \_\_\_\_ I am an attorney representing the party of interest identified in the report.

CDL# \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To be completed by UCSF Police Department Records Unit:

FEE COLLECTED: YES \_\_\_\_ NO \_\_\_\_ CASH \_\_\_\_ CHECK# \_\_\_\_\_

RELEASED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ DATE RELEASED: \_\_\_\_\_