



Release of Information Request

Requestor Name: _____ **Date:** _____ **CSUN ID:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Office Number: _____ **Cell Phone:** _____ **Email:** _____

Case Number: _____ **Student** **Faculty/Staff** **Other**

Type of Report: **Traffic Collision** **Crime Report** **Property Report** **Other**

Name of Requesting Agency: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Party of Interest: *(Check One)*

Person Involved **Background Request** **Property Owner**

Parent/Guardian of Juvenile **Media (Specify):** _____

Representative of Insurance Company **Insurance Adjusting Agency**

Legal Representative **Other Party of Interest (Specify):** _____

Juvenile Confidentiality – WTC 827

This document contains Juvenile Record Information furnished in accordance with your official duties. Further release by you of this information may be accomplished only with accordance with applicable statutes, a court order, or other lawful purpose.

Certification

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Please check one.

I am the party of interest identified in the report recorded herein

I represent the party of interest identified in the report recorded herein

I am an attorney representing the party of interest identified in the report recorded herein

Police Department Use Only

Investigation Unit: _____ **Date:** _____ **Chief of Police:** _____ **Date:** _____

Approved **Denied** **Approved** **Denied**

Reason: _____ **Reason:** _____