

PALOMAR COLLEGE POLICE DEPARTMENT
"EDUCATIONAL EXCELLENCE SINCE 1946"
1140 WEST MISSION ROAD
SAN MARCOS, CA 92029 · (760-744-1150 EXT. 2289

APPLICATION FOR RELEASE OF INFORMATION

ALL REQUESTS MAY TAKE 5 TO 7 BUSINESS DAYS.

Today's Date _____ Case/Report Number _____
Incident Type _____
Incident Location _____
Date/Time of Incident _____
Name of Person Requesting Report _____

REQUESTING PARTY CLASSIFICATION (CHECK ONE)

- 1) Victim/Parent/Guardian of Victim _____
- 2) Legal/Authorized Representative of Victim _____
- 3) Witness _____
- 4) Authorized Representative of Insurance Company _____
- 5) Party Involved in Accident _____
- 6) Owner of Damaged Property/Authorized Representative _____
- 7) Media Representative _____
- 8) Party Accused/Authorized _____
- 9) Other Interested Party _____

I declare, under penalty of perjury that I am the party interested as indicated above:

Name _____ Signature _____
Address _____ City _____ Zip Code _____
Phone Number _____

Released to _____ Date Released _____
Signature _____

OFFICE USE ONLY

Identification Type _____ Number _____
Releasing Employee's Name _____
Release Date _____

RECORDS INFORMATION

Authorized by _____ Date _____
Denied (date) _____ Reason _____
