

**University of Nebraska-Lincoln Police Department
Records Request Form**

Last _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Reports Requested:

Case # _____

Incident Report Accident Report Citation # _____

Other _____

Reports Requested:

Case # _____

Incident Report Accident Report Citation # _____

Other _____

Signature of Requestor: _____ Date: ____/____/____

**Return or fax to: University of Nebraska-Lincoln Police
300 North 17th Street, Lincoln NE 68588-0634
402-472-2222 phone 402-472-7972 FAX**

Do not write in this area - Office Use Only

Received by _____ # _____ Date ____/____/____

Approved Denied

Action by _____ # _____ Date ____/____/____

Delivery Request: In person Mail Fax Email