



UNIVERSITY OF NEBRASKA POLICE DEPARTMENT

Records Request Form

300 N. 17th Street
PO Box 880634
Lincoln, NE 68588-0634
Phone: 402-472-2222 Fax: 402-472-7972
updrecords@unl.edu

This form is used to document requests for the University of Nebraska Police Department to provide its records. It must be completed and signed by any individual/agency requesting the information.

Requestor Information:

Type (choose one): Civilian/Self Insurance Company
 Law Enforcement (choose one): Employment or Investigation Case #: _____

Agency/Company Name (if applicable): _____

Last Name: _____ First Name: _____ Middle Initial: _____

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

Phone: _____ Fax: _____ Email: _____

Delivery Method: In Person Regular Mail Fax Email (Public Records Only)

The following records are being requested:

Case Number: _____ Report Type: Incident Report Accident Report Citation

Other (Explain): _____

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Other (Explain): _____

Case Number: _____ Report Type: Incident Report Accident Report Citation

Other (Explain): _____

Requestor Signature

Date

FOR POLICE USE ONLY

- The University Of Nebraska Lincoln Police Department does not have any final dispositions on file as of the processing date.
- The final dispositions on file with the University of Nebraska-Lincoln Police Department as of the processing date are attached.

Notes:

Received By: _____ Employee #: _____ Date: _____

Processed By: _____ Employee #: _____ Date: _____

Request was: Approved Denied