

****PLEASE READ BEFORE COMPLETING THE APPLICATION****

**Instructions for submitting the
Application for Copy of Police Report**

Requests by Mail:

1. Complete the Application for Copy of Police Report.
2. Mail your completed application, with a copy of your valid government issued ID, and a check made payable to "Allan Hancock College" (\$10.00 per copy of report) to the following address:

Allan Hancock College Police Department
ATTN: Records
Building S2
Santa Maria, CA 93454

- If your application is Approved, a copy of the police report that you requested will be mailed to the address listed on your application.
- If your application is Denied, your check will be returned by mail to the address listed on your application.

If you need further assistance, contact the Allan Hancock College Police Department by phone or email.

(805) 922-6966 ext.3649

AHC.PD@hancockcollege.edu

Allan Hancock College Police Department Application for Copy of Police Report

****Please review instructions for submitting the application before completing this form**** An approved report for release will also require review of a valid government issued photo ID (or a copy of your valid government issued ID for mail-in requests) and collection of the \$10.00 duplication and processing fee.

Full Name (Last, First, Middle)		Date of Birth
Mailing Address	City	Zip
Telephone Number	E-Mail Address	
Date and Time of Incident	Type of Report (Select One)	
	<input type="checkbox"/> Traffic Accident <input type="checkbox"/> Crime <input type="checkbox"/> Incident <input type="checkbox"/> Other	
Report Number	Location of Reported Incident	
Please Select Involvement (Select One)		
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Victim <input type="checkbox"/> Arrestee <input type="checkbox"/> Other (Specify):		
Reason for Report Request		
Certification:		
I declare under the penalty of perjury that I am the party of interest identified in the report recorded herein.		
Signature		Date

FOR DEPARTMENT USE ONLY
Personnel to check applicable boxes and complete required information.

Review Photo I.D. Print Type and I.D. Number: _____

Collect fee (\$10.00/copy) - No. of copies: _____ Fill out receipt (Receipt number):

_____ Transaction completed by:

Name: _____ Body #: _____ Date: _____

PAYMENT METHOD (Checks to be made payable to "Cuesta College".)

Cash \$ _____ Check #: _____ Amount: \$ _____

Request Denied / Reason for Denial:

Prepared by: _____ Date: _____
