**Lewis University Police Department**

# Report Copy Request Form

Complete all applicable fields and submit this form to LUPD. If a report detail is unknown, write “unknown.” Use a separate form for each report requested.

## Requestor Information

Full name: _____ Date of request: _____

Email address: _____

Telephone number: _____

Relationship to the report (check all that apply)

☐ Victim ☐ Reporting person ☐ Witness ☐ Other involved person

☐ Authorized representative ☐ Other: _____

If a representative, identify whom you represent: _____

## Report Requested

Report number, if known: _____ Case number, if known: _____

Date of report, if known: _____ Date of incident, if known: _____

Incident location or description to help locate the report: _____

_____

Reason for request: _____

_____

## Release Review and Notification

Submitting this form does not guarantee release. If you are not a victim, another involved person, or an authorized representative, a report will not be released unless disclosure is required by applicable law or otherwise authorized by LUPD. Being named in or involved with a report does not automatically entitle you to a copy.

All requests are reviewed under applicable law and department policy. Reports may be withheld or redacted to protect victim privacy, confidential information, or an investigation. Identification and proof of authority may be required before release.

Please allow 3–5 business days after receipt of a completed request for review and, if approved, preparation of a copy. Additional time may be needed for legal review or redaction. LUPD will notify you at the email address above when the copy is ready, if the request is denied, or if more information or time is needed.

Requestor signature: _____ Date: _____

## LUPD Use Only

Date received: _____ Reviewed by: _____

☐ Approved ☐ Approved with redactions ☐ Denied ☐ Additional review required

Reason or restrictions: _____

Date notified: _____ Date released, if applicable: _____