



UNIVERSITY OF CHICAGO POLICE DEPARTMENT

ARREST RECORD REQUEST

REQUESTER NAME _____ TELEPHONE NUMBER _____

AFFILIATION TO RECORD REQUESTED (REPORTING PERSON; WITNESS; MEDIA; IF OTHER, PLEASE EXPLAIN)

_____ Explanation if Other: _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DESCRIBE RECORDS SOUGHT (BE AS SPECIFIC AS POSSIBLE)

I WOULD LIKE TO RECEIVE A RESPONSE ☐ BY MAIL ☐ IN PERSON

SIGNATURE _____ DATE _____

Mail or bring this request to: UNIVERSITY OF CHICAGO POLICE DEPARTMENT RECORDS DIVISION, 850 East 61st Street, Chicago, IL 60637, Monday through Friday (except holidays) between 9:00 a.m. and 4:00 p.m. The University of Chicago Police Department will respond to a request for information within 5 business days after its receipt. The response will either be mailed or available for pick up at 850 East 61st Street once notification has been provided. Unusual or large requests may require additional response time. You will be notified if the response to your request will require more than 5 business days to provide or if your request has been denied.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

RECEIVED: ☐ IN PERSON ☐ BY MAIL ☐ OTHER

RESPONSE DELAYED? ☐ YES ☐ NO

☐ REQUEST APPROVED DATE: _____

☐ REQUESTER NOTIFIED DATE: _____

☐ COPIES PROVIDED DATE: _____

☐ REQUEST DENIED DATE: _____

☐ DENIAL LETTER SENT DATE: _____

REASON FOR DENIAL: _____

SIGNATURE: _____