

**Florida
International
University**

Police Department

11200 SW 8th Street, FI 33199
Phone: 305-348-2623 * Fax: 305-348-1566



Public Request Form

Print Name Last First Middle Today's Date

() ()
Date of Birth (Optional) Phone (Daytime) Cell or Other phone

Mailing Address City, State, Zip

Record Requested:

- Police Report / Type of incident: _____
- Traffic Accident report
- Citizen Letter
- Other / Specify: _____

Case Number: _____. Also, please provide date, time, and location of the incident, as well as any other information, including names of persons involved:

Your relationship to the case (choose one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Defendant | <input type="checkbox"/> Passenger |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Victim | <input type="checkbox"/> Vehicle owner |
| <input type="checkbox"/> Parent of Minor (under 18) | <input type="checkbox"/> Witness | <input type="checkbox"/> Property owner |
| <input type="checkbox"/> Person injured in accident | <input type="checkbox"/> Insurer of Involved Party | <input type="checkbox"/> Attorney of Involved Party |
| <input type="checkbox"/> Other _____ | | |

Signature _____

Date _____

For Official Use Only:

Released by: _____ Date: _____

Type of Request: Office Visit Telephone Mail Fax