

POLICE RECORDS RELEASE REQUEST

The Northern Arizona University Police Department, in accordance with Arizona Revised Statutes (ARS § 39-121.03D) governing the dissemination of public records, will make available to requesting parties copies of public records. Requests are processed during regular business hours.

We strive to fulfill requests in a reasonable time frame. We will notify you of an expected completion date and any anticipated delays in processing when we receive your request.

There is a fee associated with the copying of records, as follows:

Police Reports	▪ \$10.00 for 30 pages or less (25¢/page thereafter)
Copies of Photographs	▪ \$1.00 per photo
Audio Reproduction	▪ \$25.00/item
Video Reproduction	▪ \$23.00 per half hour of video reviewed
Physical Media to include thumb drives and external hard drives	▪ Additional \$30 per physical device

Payment must be received prior to the release of any report. Items not picked up sixty (60) days after notification will be destroyed and there will be no refund of fees paid. Email completed form to PDRrecords@nau.edu.

Under the provisions of ARS § 39-121 (Public Records Law), it is requested that the following police record of this agency be released:

NAU PD Report #: _____ Date of Incident: _____

Name of Involved Party: _____ Date of Birth: _____

Location of Incident: _____ Type of Incident: _____

Record Description:

- Report Photos
 Citation Body Camera Video
 911 Call Traffic accident report

Requester Type:

- Victim Insurance Company
 Witness Defendant or legal representative
 Media

Please complete the following information so we may contact you when your request is ready to pick-up:

Name: _____ Local Phone Number: _____

Address: _____ Fax Number: _____

City / State / ZIP: _____ Email Address: _____

I hereby certify under penalty of perjury that the requested record(s) will NOT be used for commercial purposes as defined in ARS § 39-121.03.

Please Sign: _____ Today's Date: _____

NAU POLICE RECORDS USE ONLY

Date Released: _____ Processed By: _____

Cost: _____ Receipt Number: _____

Payment Method:

- Cash Money Order Check

Delivery Method:

- Emailed Faxed Mailed Picked Up in Person