Release of Records Request Form

Today’s Date: _______________

Name: ________________________________

Contact information- Daytime phone number: ______________ E-mail address: ____________________________

Cell phone number: ____________________

(Completed form may be emailed to: campuspolice@elon.edu)

Incident Number (if known): _______________

If incident number is not known please answer the following questions:

Date of Incident: _______________

Location of Incident: ____________________________________________

Type of Incident (if it was a traffic accident, please write traffic accident): _______________

Responding Officer’s Name (if known): _____________________________

DO NOT WRITE BELOW THIS LINE

________________________________________________________________________

Received by: _______________ Date: _______________ Time: _____________

Released by: _______________ Date: _______________ Time: _______________