

# 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](mailto: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**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_