

University of Wisconsin - Stevens Point

University Police and Security Services · 1925 Maria Drive Stevens Point, WI 54481 · 715-346-3456 · FAX 715-346-4908

RECORD REQUEST

REQUESTED INFORMATION (Be Sprecords:	pecific) - The following in	nformation is required t	to process the requested reports or
■ Case Number (if known):			
Records Concerning: Last	Name First	M.I. /	Maiden/Prior Names
 Date of Birth (for party you are r 	requesting information on):/	
Date of Incident:			
Location of Incident:			<u> </u>
■ Type of Report (Check One):			os Background Check
Other Information:			
REQUESTOR INFORMATION: Person/Business Making Request:			
REQUESTOR INFORMATION: Person/Business Making Request:	Last Name	First Name	M.I. <i>OR</i> Organization
		First Name State	M.I. OR Organization Zip
Person/Business Making Request:	Last Name City	State	Zip
Person/Business Making Request: Street Address	Last Name City	State	Zip
Person/Business Making Request: Street Address	Last Name City	State	Zip
Person/Business Making Request: Street Address	Last Name City	State	Zip

Fees:

Incident/Crash Reports/Background Checks – \$0.50/page; \$1.00/redacted page Shipping/Handling – Varies (Based on Actual Costs)
Photos/Audio/Video Recordings on CD/DVD – \$10.00/disc

Requests exceeding \$5.00 will require pre-payment.

You will be notified in writing if the request is denied and the reason for denial.

JUVENILE RECORD REQUESTJuvenile Reports may be released to the following persons subject to departmental policy. Documentation will be required prior to the release of information requested. To allow us to appropriately review your request, please check all of the following that apply:

I am:					
	Biological Parent				
	Parent by Adoption				
	Guardian named by Court				
	Legal Custodian given legal custody of the child by Court order				
	Husband who has consented to artificial insemination of wife				
	Non-marital Biological Father, where the child has not been adopted				
	Juvenile (14 years of age or older) – requesting one's own report				
	Victim of the juvenile's act (for the sole purpose of recovering injury, damage or loss suffered as a result of the				
	juvenile's act)				
	Victim's Insurer (when Court ordered restitution has not been made within 1 year – for the sole purpose of investigating				
	the claim)				
	Insurance Company and/or representing Attorney – with a signed/written release from the juvenile's parent, guardian, or				
	legal custodian				
	School Administrator				
	Other				
If you are a p	parent:				
	My parental rights have been terminated.				
	My parental rights have NOT been terminated.				
Form of idea	ntification Initials of person releasing records:				
Signature of	Person requesting the Report:				
Persons denied access to Juvenile records may contact the District Attorney's office to petition the Court for access to the report/record. Open Records Request denials are subject to review in an act of Mandamus under Section 19.37(1) Wis. Stats., or by application to the District Attorney or Attorney General.					
	FOR OFFICE USE ONLY				
☐ Appro	oved Denied – Reason				
Contacted	d: Picked Up: Mailed: Fee:				
Notes:					