



# OKLAHOMA STATE UNIVERSITY

CENTER FOR HEALTH SCIENCES

1117 W. 17<sup>th</sup> Street, Tulsa, OK 74107

Dispatch: 918-625-8592 Email: chs.security@okstate.edu



## Request for Campus Security Records

Date: \_\_\_\_\_

Full Name:	Campus Wide ID Number: A:
Home Address:	Cell Phone Number:
Business Name:	Address:

Please give the **REPORT NUMBER** or all available information you have about the request – pursuant to the Oklahoma Open Records Act.

(Vague or Open-Ended Requests will not be Accepted or Processed. Be Specific.)

**SIGNATURE:**

### Request for Multiple Reports or Copies

<u>Offense Date</u>	<u>Report Number</u>	<u>Crime Type or Arrest Report</u>	<u>Name, DOB, Identifying Information for Victim(s), Warrant #'s</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\* Notificatiopn will be made upon completion of this request \*\*\*

### RECORDS USE ONLY

Request received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date and time request completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Date and time requestor notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

Date and time request picked up: \_\_\_\_\_ Fee charged: \_\_\_\_\_