CAMPUS POLICE REPORT REQUEST FORM

The New College of Florida Police Department makes all reports available as required by Florida State Statutes Chapter 119.

The following information and a signature are needed to process your request for a copy of a crash report within 60 days after the report is filed and the report must be obtained in person. **Completing this form for non-crash reports or those crash reports not meeting the 60 day requirement is optional.** Reports can be emailed, faxed, picked up, or mailed via USPS. If you have any questions please call Campus Police at (941) 487-4210:

NAME:	NTT	(DUONE NUMBER)
(PRI	NT)	(PHONE NUMBER)
CASE NUMBER OF	R DATE/TIME OCCURRE	ED:
o PICK UP	Date Picked Up	
o MAIL	Date Mailed/To	FLURT
o EMAIL	Date Emailed/To	
o FAXED	Date Faxed/To	
ADDRESS:		
PHONE #:		STEEL SOLL
EMAIL:		
victims of crimes or solicitation of the vi FLORIDA STATU within 60 days after license or other pho or her qualification in possession of the solicitation of accide	accidents shall use any inctims or relatives of the varieties of the varieties. 316.066 (5) (d), state the date the report is file tographic identification, is to access that information that the information type to the continuous or knowingly	epurpose of obtaining the names and addresses of the information contained herein for any commercial rictims of the reported crimes or accidents. The set that if the record requested is a vehicle crash reported, the requesting party must present a valid driver's proof of status, or identification that demonstrates his on, and file a written, sworn statement with the agency rmation will not be used for any commercial disclosed to any third party for such a purpose during ing confidential and execute.
tne period of time ti	nat the information remai	ins confidential and exempt.
		affirm that I will only use the confidential information w, and not for commercial solicitation purposes.
Signature (Cra	sh Reports)	Crash Report Qualification
Witnessing Off	icer/Notary	Date Requested