University Police Government Records Request Form
2120 JKB, Brigham Young University, Provo, UT 84602

To: ______________________________________________________________

Address of Government Office: _______________________________________

Description of Records Sought: (Records must be described with a reasonable specificity, Utah Code Ann. 63G-2-204 (1) (b))

______________________________________________________________________

Please select one or more of the following:

☐ 1. I would like to inspect (view) the record;

☐ 2. I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying or research charges as permitted by Utah Code Ann. 63G-2-203. I authorize costs up to: $________.

☐ Pursuant to Utah Code Ann. 63G-2-203 (4), I am requesting a waiver of costs for the following reason(s): __________________________________________________________

CERTIFICATION OF REQUESTOR

I, the undersigned, do hereby certify that the following apply to me: (Check the appropriate box)

☐ 1. I am the subject of the record;

☐ 2. I am the person who provided the information;

☐ 3. I am authorized to have access by the subject of the record by the person who submitted the information and the documentation required by Utah Code Ann. 63G-2-202 is attached;

☐ 4. A state, local or federal agency;

☐ 5. A member of the press or broadcast media;

☐ I am requesting expedited response as permitted by Utah Code Ann. 63G-2-204(4). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

☐ 6. Other. Please explain: ____________________________________________

☐ 7. ***Proof of identity is required. I have attached a copy of my government ID***

Name of Requestor: __________________________ Organization (if any): ___________
Mailing Address ______________________________________________________________

Email Address: ________________________________ ☐ Consent to receive records by email

Daytime Phone Number: ________________________ Date of Request: __________________

Signature: ___________________________________ Date: ________________________