



**KENTUCKY STATE UNIVERSITY POLICE DEPARTMENT  
RECORDS SECTION  
400 E. Main Street Frankfort, KY 40601  
502-597-6877**

**REPORT REQUEST**

Please Print

**TO OBTAIN A COPY IN PERSON:** complete a report request form and present valid picture identification.

**TO OBTAIN A COPY BY MAIL:** complete a letter of request or a copy of the report request form and mail it along with a self-addressed stamped envelope to the above address, **to the attention of the Police Department Records Section**. Once the records section receives your request, the report will be mailed within 14 business days.

If you have any questions, please contact the Records Section at 502-597-6877. Items highlighted must be completed.

**REPORTS WILL NOT BE FAXED**

Date of Request: \_\_\_\_\_

Report Number: \_\_\_\_\_ Investigating Officer: \_\_\_\_\_

Type of Incident : \_\_\_\_\_ Date Reported: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Person Requesting Report: \_\_\_\_\_

Requesting Person Involvement: Victim  Complainant   
Parent  Insurance Company

Requesting Person's Address: \_\_\_\_\_  
\_\_\_\_\_

Please include city, state and zip

Reason for Request: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Please enter a telephone number, home, work or cell.

Address you wish report to be mailed : \_\_\_\_\_  
\_\_\_\_\_

Please include city, state and zip

Processed by Records Section Personnel: \_\_\_\_\_

Date Processed \_\_\_\_\_ ID Shown \_\_\_\_\_

(For Report Pick-Up Only, also include ID number if available)