



DISSEMINATION REQUEST

All requests for dissemination must be approved by the Chief before dissemination. Effective 5/21/09.
Failure to comply with this policy will result in disciplinary action.

CASE NO.: _____

TODAY'S DATE: _____

CASE INFORMATION

CRIME OR TITLE OF INCIDENT:

SUSPECT OR VITIM NAME:

DATE OF REPORT:

REPORTING OFFICER:

CLASSIFICATION OF INFORMATION:

COPY OF CASE FOLLOW-UP SUPPLEMENT CITATION STATEMENT ADDITIONAL INFO.

PC SHEET CRIMINAL HISTORY DMV INFORMATION LAB RESULTS DMV CERTIFICATION

ORIGINAL WARRANT OTHER: _____

REQUESTING PARTY:

NAME OF REQUESTING PARTY :

Contact Information:

PURPOSE:

REVIEW WARRANT REQUEST NCIC ENTRY / REMOVAL SERVED / CLEARED

OTHER: _____

FOR DIRECTORS USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED DENIED (see note below)

Adam Garcia **Date**

Director, University Police Services

If denied, please explain:
