



## SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

### Police Department Information Request Form

Name of Requestor (please print) \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Type of Incident \_\_\_\_\_

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

Incident / Case Number \_\_\_\_\_

Date of Incident \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

-----  
**STCC Police Use Only**

Signature of Person Taking Request \_\_\_\_\_ Date: \_\_\_\_\_

Type of ID (D/L, Passport, STCC ID, ETC) \_\_\_\_\_ ID # \_\_\_\_\_

State/Country Issued From \_\_\_\_\_

-----  
Signature of Chief of Police \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved

☐ Disapproved; explanation: \_\_\_\_\_

Submit request with appropriate signatures to the Police Chief for final approval