
Request for Records Department of Public Safety

Long Island University, C.W. Post Campus
720 Northern Blvd., Brookville, NY 11548

Name of Requesting Party

Representing

Self

Agency

Other

Address

Telephone #

I hereby apply to inspect the following record (s): Incident Report Number and/or Date _____

Description of Incident: _____

NOTICE: Your request of information may take up to, five (5) business days to process.

Signature of Requesting Party

Date

I am in receipt of the requested information

Signature of Requesting Party

Date

To Whom It May Concern:

In response to your request for information, the following documents(s) have been accessed and photocopied.

In response to your request for information, the document(s) you have requested have been denied.

For further explanations concerning requested information check the reverse of this form.

Signature

Title

Date

For Agency Use Only

Approved

Denied

for reason(s) checked below

- Release of such information is barred by statute and/or University policy.
- Release of such information would interfere with an active judicial proceeding.
- Release of such information would interfere with an active law enforcement investigation.
- Record of which this agency is legal custodian cannot be found.
- Record is not maintained by this agency.
- Release of such information would deprive a person of the right to a fair trial and/or hearing.
- Other: _____

Redactions have been made to your document(s) for the reason(s) checked below:

- Release of such information would represent an unwarranted invasion of personal privacy.
- The information does not represent final agency determination.
- Release of such information would identify confidential source/confidential information.
- Release of such information would reveal non-routine investigative techniques.