



# JAMES MADISON UNIVERSITY

## DEPARTMENT OF POLICE AND PUBLIC SAFETY

821 South Main Street - MSC 6810, Harrisonburg, VA 22807 • Ph# 540-568-6913 • FAX# 540-568-7926



### POLICE REPORT REQUEST FORM

Please complete all sections below and sign. Please provide as much information as possible. This form may be delivered in person or mailed to the police department. If mailing this form, it must be notarized. If appearing in person, you will be asked to produce your I.D. in order to verify your identity.

Please include a self-addressed stamped envelope to insure prompt delivery.

**Personal Information:**

Your Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street Number/Street Name City State Zip Code

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Include Area Code

**I hereby give consent and authorize the James Madison University Police Department to search its files for any record pertaining to me and further release them from any liability for the release of said records, reports and information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\*\*\*\*\*  
 State of \_\_\_\_\_, County/City of \_\_\_\_\_, to wit:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public and Seal

**Check applicable type of report:**

Traffic Accident – Case Number: \_\_\_\_\_

Incident Report Verification - Case Number: \_\_\_\_\_

JMU Police Record Check: \_\_\_\_\_

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

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