



**SNOW  
COLLEGE**



# GOVERNMENT RECORDS ACCESS MANAGEMENT ACT RECORDS REQUEST

SNOW COLLEGE POLICE DEPARTMENT ALLOWS FOR UP TO TEN (10) BUSINESS DAYS TO PROVIDE THE REQUESTED RECORD, A DENIAL, OR A NOTICE OF EXTENDED TIME FOR RESPONSE TO RECORDS REQUEST.

NAME OF PERSON REQUESTING RECORDS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Description of record sought. Describe with reasonable specificity such as type of report wanted, address of occurrence, names of people involved, case number if you have it, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Many records maintained by Snow College Police Department are classified as private, protected, controlled, or exempt, in accordance with the Government Records Access and Management Act. Explain the purpose of your request and your involvement in the record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE INITIAL THOSE THAT APPLY:

- Copy needed for insurance purposes (Traffic Accidents)
- I would like to view or inspect the records,
- I would like to receive copies of the records. I understand that I am responsible for the cost to provide the records as permitted by UCA 632-203 and authorize costs up to \$ \_\_\_\_\_. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that Snow College Police Department will not respond to a request that I have not authorized adequate costs. Snow College will provide the first 15 minutes free of charge. Thereafter, the cost of \$4.00 per 15 minutes or \$16.00 an hour will be charged.

### GRAMA PROVIDES CERTAIN INDIVIDUALS MAY RECEIVE ACCESS TO RESTRICTED RECORDS. PLEASE INITIAL ANY THAT APPLY

- I am the subject of the record. Please attach a copy of a valid ID.
- I am the authorized representative of the subject of the record. Please attach a copy of a valid ID & Power of Attorney.
- I provided the information in the record. Please attach a copy of a valid ID.
- I am the parent or legal guardian of a minor who is the subject of the record. Please attach a copy of a valid ID.
- I am requesting expedited response per UCA 63-2-204(3-b) Please attach media identification or other proof of status. Please attach information demonstrating the release of information will benefit the public rather than the person.

### I ACKNOWLEDGE THAT SECONDARY DISSEMINATION TO ANY UNAUTHORIZED AGENCY OR PERSON IS PROHIBITED

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICIAL USE ONLY

DATE RECEIVED \_\_\_\_\_ DATE DUE \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ DATE PICKED UP \_\_\_\_\_ WAS THE RESPONSE EMAILED \_\_\_\_\_

CASE # \_\_\_\_\_ VALID PICTURE ID, NUMBER & TYPE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ PERSONALLY KNOWN: Y / N