

**INSTRUCTIONS**: Please complete the following information. Please indicate if results can be delivered by phone, fax, email, or if they must be picked up. Please attach signed release forms with a business card for contact information to this completed form and return it to the Cadet Information Desk. Results will be delivered within three business days.

## INVESTIGATOR

TITLE	FIRST NAME	LAST NAME	
AGENCY	PHONE/FAX	EMAIL	

## **SUBJECTS**

1	LAST NAME	FIRST NA	ME	MIDDLE NAME	DOB (dd/mm/yyyy)	
2	LAST NAME	FIRST NA	ME	MIDDLE NAME	DOB (dd/mm/yyyy)	
3	LAST NAME	FIRST NA	ME	MIDDLE NAME	DOB (dd/mm/yyyy)	

## **DELIVERY INFORMATION**

If no records are returned, results may be delivered via:					If records are returned, results may be delivered via:						
Telephone	Fax	Email	In Person		Telephone		Fax		In Person		

	2	Signature of Requestor/Date
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------ INTERNAL USE ONLY ------

## **STATUS**

1	CLEAR	RECORDS RETURNED	
2	CLEAR	RECORDS RETURNED	
3	CLEAR	RECORDS RETURNED	

Date of Request	Release Attached?		Yes	No	Business Card Attached?		Yes	No
Date Completed	Completed by		Date Results Returned to Requestor					

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