



## VCJC Records Request Form

### ***Requester's Information***

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

Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### ***Records Requested***

**Records regarding a specific officer:** *(Please provide as much information as possible to prevent delays)*

Officer's Full Name: \_\_\_\_\_

Officer's Agency/Department (if known): \_\_\_\_\_

Officer's DOB (if known): \_\_\_\_\_

Records Requested:

☐ Officer's Training Summary

☐ Specific Training Manual an Officer was Taught: \_\_\_\_\_

☐ Certification Record: \_\_\_\_\_

**Training Manual Requests:**

Course Name: \_\_\_\_\_

Date of the Course (if requesting the current manual, just write current): \_\_\_\_\_

### ***Reason for Request***

Please briefly explain the reason for this request:

### ***Staff Use Only:***

**Date Received:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Date Denied:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Date Released:** \_\_\_\_\_

**By:** \_\_\_\_\_