

Written Request to Examine Records
Return Methods: Physical Address: 625 E. Humbolt St, Pocatello ID 83209 Or Email: pubsafe@isu.edu

Your name (please print)		Telephone number	
Address	City	State	Zip
The report number I am requ	esting is:		
lf report number is unknown	, briefly describe when and	d where the incident occuri	red and who was involved:
Mailed to the following	lic Safety building at 625 Ing address:	E. Humbolt St.	
I am listed in this report as:  Victim Witness Suspect		☐ Other ☐ N/A	
I am the parent/guardian of  Victim  Witness  Suspect	a juvenile listed in this rep	ort as:  □ Other □ N/A	
understand that the use of	reports, documents and m	_	telephone number list. I also plic Safety in a manner that is tion and/or civil litigation.
In accordance with State Re		aws some information may npliance with these laws.	be redacted from the report in
Signature:			Date:

[Report Request Form] [Revised Nov 2025]