

Request for ACIC “Hot File” Information

Property

Type of Property (example: TV, computer, stereo, etc.) _____

Brand _____

Serial Number _____ Model Name or Number _____

Current Owner _____

Location of Property _____

Additional Information _____

Gun

Brand _____ Serial Number _____

Model _____ Caliber or Gauge _____

Current Owner _____

Location of Property _____

Additional Information _____

Person

Name _____

Date of Birth _____ Sex _____ Race _____ Height _____ Weight _____

Hair Color _____ Scars, Tattoos, etc. _____

Driver License Number _____ Driver License State _____

Street Address _____

City _____ State _____ Zip _____

Place of Employment _____

Employer's Address:

Street _____

City _____ State _____ Zip _____

Additional Information _____

Request for ACIC "Hot File" Information

Requestor Information:

Requestor's Name: _____

Date of Birth: _____ Driver License Number _____ DL State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (home) _____ (business) _____

Please complete the appropriate section:

Vehicle

VIN _____ License Plate Number _____ License Plate State _____

License Plate Year _____ License Plate Type _____ Vehicle Year _____

Vehicle Make (example: Chevrolet, Ford, etc.) _____

Vehicle Model (example: Camaro, Taurus, etc.) _____

Current Owner _____

Location of Property _____

Additional Information _____

This section to be completed by criminal justice official releasing the information:

Based on the information provided by the requestor, a check of the ACIC/NCIC files at _____ hours on

_____ indicates the following:

date

Circle One

Property **IS** reported stolen

Subject **IS** reported wanted

Property is **NOT** reported stolen

Subject is **NOT** reported wanted

Gun **IS** reported stolen

Vehicle **IS** reported stolen

Gun is **NOT** reported stolen

Vehicle is **NOT** reported stolen

Comments: _____

Signature of criminal justice official

Date

I understand that the information provided to me has been provided in good faith and is based upon descriptive information I provided. I understand that new stolen property and wanted person records are constantly being entered into the ACIC/NCIC systems. The fact that a person or item of property is not in the ACIC/NCIC databases does not necessarily mean that the person is not wanted or the property is not stolen. I understand that false information entered on this request for ACIC Hot File Information may constitute violations of Federal and State Criminal Laws.

Signature of requestor

Date

UNIVERSITY OF CENTRAL ARKANSAS
AUTHORITY TO RELEASE INFORMATION

I hereby authorize any police officer or other authorized representative of the University of Central Arkansas (UCA) Police Department bearing this release or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my criminal history. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the University of Central Arkansas.

Consent is granted for the UCA Police Department to furnish such information, as is described above, to other University officials or other third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release such information, or any attempt to comply with it.

Full Name _____
(Print or Type)

Social Security Number _____ Telephone Number _____

Current Street Address _____

City, State, Zip Code _____

Full Name _____ Date _____
(Signature)