ALBUQUERQUE PUBLIC SCHOOLS
POLICE DEPARTMENT

REPORT/EVIDENCE REQUEST

6400 Uptown Blvd.
P.O. Box 25704
Albuquerque, NM 87125-0704
PHONE: (505) 243-7712 FAX: (505) 830-0110

DATE: _____

NAME: _____

RELATION TO STUDENT (IF APPLICABLE): _____

PHONE # _____

TYPE OF REPORT: _____

NAME(S) ON REPORT: _____

DATE OF BIRTH: _____

PLACE OF OCCURRENCE: _____LOCATION # _____

DATE OF OCCURRENCE: _____

EVIDENCE REQUEST: YES OR NO EVIDENCE TYPE: _____

OFFICER'S NAME: _____

CASE # _____

POLICE APS E-MAIL ADDRESS: Melissa.Trujillo@aps.edu
OUR FAX NUMBER (505) 830-0110 TELEPHONE NUMBER (505) 243-7712 x14

XXXXXXXXXXXXXXXXXXXFOR OFFICE USE ONLYXXXXXXXXXXXXXXXXX

APPROVAL:_____DATE:_____

RECEIVED COPY BY:_____DATE:_____

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