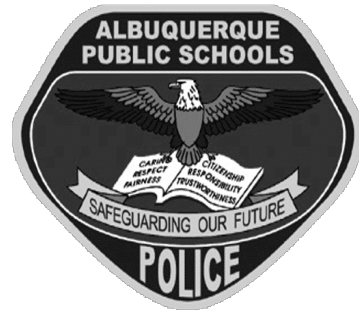


ALBUQUERQUE PUBLIC SCHOOLS
POLICE DEPARTMENT



REPORT / EVIDENCE REQUEST

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

Hearing Yes or No

Hearing Date: _____

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: laura.castillo@aps.edu

OUR FAX NUMBER (505) 830-0110 TELEPHONE NUMBER (505) 884-6399 press 1

XXXXXXXXXXXXXXXXXXXXFOR OFFICE USE ONLYXXXXXXXXXXXXXXXXXXXX

MANAGER _____ DATE: _____

APPROVAL: _____ DATE: _____

RECEIVED COPY BY: _____ DATE: _____

TIME: _____