



VCJTC 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: _____