



**Solicitud Para la Divulgación de la Grabación**

Nombre: \_\_\_\_\_ Licencia/ID #: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_ Teléfono #: \_\_\_\_\_

Fecha del incidente: \_\_\_\_\_ Momento del incidente: \_\_\_\_\_

Lugar del incidente: \_\_\_\_\_

Descripción del vehículo implicado: \_\_\_\_\_

Descripción del incidente: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nombres de los oficiales involucrados: \_\_\_\_\_

Número de caso de la Policía de Raleigh: \_\_\_\_\_

**\*\*Al firmar a continuación, indico mi entendimiento que no puedo grabar video o audio del incidente que estoy solicitando para revisar.**

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Firma de testigo: \_\_\_\_\_

Fecha: \_\_\_\_\_

**\*\* Internal Use Only \*\***

Form Received By [Name & Code #]: \_\_\_\_\_ Date: \_\_\_\_\_

Identity Confirmation Method:  Gov't Issued Photo ID  CJLEADS/DMV  Other: \_\_\_\_\_

**Disclosure Request Review**

Conducted by [Name & Code #]: \_\_\_\_\_ Date: \_\_\_\_\_

Disclosure Approved Notification Method:  Phone  Email  Certified Mail

Notification Date/Time: \_\_\_\_\_

Date/Time of Disclosure Session: \_\_\_\_\_

Disclosure Denied (Cause indicated below)

\_\_\_\_\_ Requesting party is not authorized for disclosure under NCGS 132-1.4A

\_\_\_\_\_ Contains information that is confidential or exempt from release under state or federal law

\_\_\_\_\_ Contains information that is confidential or exempt from disclosure under state or federal law

\_\_\_\_\_ Disclosure would reveal information about a person that is of a highly sensitive personal nature

\_\_\_\_\_ Disclosure may harm the reputation or jeopardize the safety of someone

\_\_\_\_\_ Disclosure would create a threat to the fair, impartial and orderly administration of justice

\_\_\_\_\_ Confidentiality is necessary to protect an active or potential internal or criminal investigation

\_\_\_\_\_ Other (describe): \_\_\_\_\_

Notification Method:  Phone  Email  Certified Mail

Notification Date: \_\_\_\_\_

**Disclosure Session**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

RPD Personnel Present [Name & Code #]: \_\_\_\_\_

\_\_\_\_\_

Citizen(s) Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I, \_\_\_\_\_, acknowledge that the recording requested on this form was disclosed to me by the Raleigh Police Department on the date and time indicated above.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*