



CITY OF RALEIGH
POLICE DEPARTMENT

6716 SIX FORKS ROAD • RALEIGH, NORTH CAROLINA 27615 • 919-996-3335

Recording Disclosure Request

Name: _____ Driver's License/ID #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Involved Vehicle Description [if applicable]: _____

Description of Incident: _____

Name(s) of Involved Officer(s) [if known]: _____

Raleigh Police Case # [if applicable]: _____

*****By signing below, I indicate my understanding that I may not video or audio record the incident I am requesting to review.***

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

SERVICE • COURAGE • FAIRNESS • INTEGRITY • COMPASSION

In the spirit of service, the Raleigh Police Department exists to preserve and improve the quality of life, instill peace, and protect property through unwavering attention to our duties in partnership with the community.

**** 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