



# REQUEST FOR RIDE ALONG

I, \_\_\_\_\_, request that on \_\_\_\_\_ at \_\_\_\_\_  
(NAME) (DATE) (TIME)

I may observe and ride along with an Auraria Campus Police Officer or Neighborhood Community Officer for the purpose of (Indicate Reason):

\_\_\_\_\_  
\_\_\_\_\_

I understand that the ride along is limited to 4 hours. I understand that I need to dress appropriately in business attire. I do release the State of Colorado, the Auraria Higher Education Center, and the Auraria Campus Police Department from any and all liability regarding any injury, accident or other incident which might occur during the ride along period.

\_\_\_\_\_  
(Signature) (Date)

Street Address \_\_\_\_\_

City & State \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License State/Number \_\_\_\_\_

\_\_\_\_\_  
(For Administrative Use)

Request Approved By \_\_\_\_\_

Comments/Restrictions \_\_\_\_\_  
\_\_\_\_\_

NCIC/CCIC Clearance YES NO

Ride Along Completed YES NO

Date \_\_\_\_\_ Shift/Watch \_\_\_\_\_

Officer Signature \_\_\_\_\_

Sergeant Signature \_\_\_\_\_