

INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above.

**INSTRUCTIONS – PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING**

- **Complete this form to:** (1) Request a copy of your POST Profile Record, **OR** (2) Request a copy of a POST Profile Record for another individual who has provided you with a written, signed authorization requesting the profile (*the signed authorization must accompany this form*).
- In order to process your request, the applicable section in Part B **must** be checked, signed, and dated.
- Please indicate how you would like the profile record transmitted (item 19).
- To submit your completed and **signed** request: **Mail** printed form to the above address  
**Email** scanned form to: [profilerequests@post.ca.gov](mailto:profilerequests@post.ca.gov)  
**Fax** printed form to: (916) 227-5271

**Note:** Email and fax transmittals are accepted but are not secure. POST does not take responsibility for materials received or sent via email or fax.

**A. PROFILE INFORMATION**

1. NAME ON PROFILE (FIRST, MIDDLE, LAST)		2. POST ID (OR SOCIAL SECURITY NUMBER)		3. BIRTH DATE (MM/DD/YYYY)	
		-	SSN: - -		
4. CURRENT OR MOST RECENT LAW ENFORCEMENT AGENCY OR DEPARTMENT				5. YEAR HIRED (YYYY)	
6. BASIC ACADEMY (NAME OF PRESENTER)				7. YEAR COMPLETED (YYYY)	

**B. ATTESTATION OF REQUESTING INDIVIDUAL** Check the applicable statement below and complete all items that apply (11 thru 19)

8. INDIVIDUAL REQUEST FOR PERSONAL PROFILE

I am the above-named individual making a request for my own personal profile record. (*No other authorization is required.*)

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9. DEPARTMENT DESIGNEE AUTHORIZED TO REQUEST PROFILE

I am the department designee for a POST-participating department, authorized to request information on department employees' POST records. The above-named individual is currently an employee of the department named above. I will use the information only to conduct department business. (*No other authorization required.*)

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10. INDIVIDUAL GRANTED AUTHORIZATION TO REQUEST PROFILE

I am NOT the above-named individual. I have authorization from the above-named individual to request this individual's POST Profile Record. *The individual's signed authorization/waiver for release of this record accompanies this request.*

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11. SIGNATURE OF REQUESTING INDIVIDUAL AND DATE ( <b>REQUIRED</b> )		12. PRINT FULL NAME ( <i>if different from item 1</i> )	
▶ _____ DATE			
14. CONTACT NUMBER		13. TITLE	
( )			
15. EMAIL ADDRESS		16. AGENCY / DEPARTMENT ( <i>if different from item 4</i> )	
17. MAILING ADDRESS ( <i>if applicable</i> )			18. FAX # ( <i>if applicable</i> )
Street	City	ST	Zip
			( )

PLEASE SEND PROFILE RECORD VIA  MAIL  EMAIL  FAX

**C. QUESTIONS / COMMENTS** Enter remarks in the space below or contact us at 877-275-5872 OR [profilerequests@post.ca.gov](mailto:profilerequests@post.ca.gov)

FOR POST USE ONLY	DATE RECEIVED	AUTHORIZED BY	DATE SENT
	Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax		Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax

THIS SPACE FOR DATE STAMP