

## REQUEST TO VIEW / COPY RECORD(S)

State Form 47135 (R2 / 3-23) LAW ENFORCEMENT TRAINING BOARD Approved by State Board of Accounts, 2023 LAW ENFORCEMENT TRAINING BOARD

5401 S County Road 700 E Plainfield, IN 46168 (317) 839-5191

INSTRUCTIONS:

- Please type or print clearly.
  Please fill-in the Requestor Identification section as completely as possible.
  Present your identification to the staff for verification or contact Information for verbal verification.
- If you have a subpoena or other court papers for specific records, please send paperwork, along with request, to ILEArecords@ILEA.in.gov
- Please identify, with reasonable particularity, the record(s) being requested for viewing and / or copying. Please send all requests to ILEArecords@ILEA.in.gov

	ate of birth (month, day, year)
Home address (number and street city state and 7IP code)	
(	ome telephone number
Name of business But	siness telephone number
Business address (number and street, city, state, and ZIP code) PS	SID#
E-mail address(es) to send the records	
RECORDS REQUESTED	
Signature (handwritten or electronic) of requestor	ate (month, day, year)
FOT LETB USE ONLY – DO NOT WRITE IN THIS SECTION	
Status Record(s) viewed, but not copied Physical copies of records are .10¢ per page – per IC  Total transcripts / duplicate certificates:	5-14-3-8 Total cost=
I have complied with all requests for access to the record(s) specified on this form within the limits of my authority.	
Signature of person processing request  Date (month, day, )	year) Time
LETB comments	1