



Risk Management Department
55 South Lincoln Street
Stockton, CA 95203
Phone 209-933-7110 • eFax 209-933-6526
Riskmgt@stocktonusd.net

SERVICE REQUEST FORM

DATE OF REQUEST: _____

REQUESTER INFORMATION

NAME: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU A: SUSD Employee: Yes ☐ No ☐ OR Parent/Guardian: Yes ☐ No ☐

TYPE OF REQUEST

☐ STUDENT INCIDENT REPORT

☐ NON-STUDENT INCIDENT REPORT

SUMMARY OF REQUEST:

Parent/Guardian Signature

Date

Risk Manager's Authorization

Date

| |
|---|
| Note: Service requests are ready in 5-7 business days. |
|---|

URGENT REQUEST ☐

STATE REASON OF URGENCY: _____
