**REGISTRO DE SOLICITUD DE INFORMACIÓN PÚBLICA DEL INSTITUTO DE CIENCIAS FORENSES**

**Año:**  \_\_\_\_\_\_  **Oficial de Información:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Número de Solicitud** | **Fecha de Solicitud (M/D/Y)** | **Nombre del Solicitante** | **Información Solicitada** | **Núm. Telefónico** | **Correo Electrónico** | **Dirección Postal** | **Estatus** |
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