



Video Surveillance Request Form

Requestor

Parent

Staff Member

Board Member

Full Name: _____

Phone Number: _____

Email: _____

Classroom/Setting

Student Name: _____

Campus: _____

Room Number: _____

Teacher or Service Provider's Name: _____

Verification of Eligibility

To the best of my understanding, this request meets the requirements for eligibility as set forth by TEC §29.022 and 19 Administrative Code §103.1301 for audiovisual monitoring in self-contained special education settings or other special education settings.

Signature: _____ Date: _____

Office Use

Received by: _____

Date Received: _____

Date Receipt of Request Sent: _____

Date Request Approved/Denial Sent: _____

Please submit request form in writing to the Director of Special Education at:

International Leadership of Texas
1820 N. Glenville Dr. #100
Richardson, TX 75081