

Acknowledgement of CFBISD Video Surveillance Administrative Regulations

Designated employees are authorized for access to view security camera footage for a certain campus (or campuses) as specified by the Director of Safety and Security. Please read this acknowledgement form of your user responsibilities and regulations in accordance with FNF (local) policy, then sign and return the form as your agreement to the terms and conditions below.

Individual User Responsibilities

*Access to the District's video monitoring system is a privilege, not a right. All users shall be required to acknowledge receipt and understanding of administration regulations governing use of the system and shall agree in writing to allow monitoring of their use and compliance with such regulations and guidelines. **Noncompliance may result in suspension of access or termination of privileges and other disciplinary actions consistent with District policies.***

- ☐ I will never share my password with anyone (including Assistant and/or Associate Principals).
- ☐ I understand that digital imaging/tape is considered CONFIDENTIAL and should be treated as a Student Record.
- ☐ I will never leave a digital image open on a computer monitor when not in the room.
- ☐ I will never show a digital image/tape to anyone not authorized to view material.
- ☐ I understand that digital image/tape can be obtained through an Open Records Request. Before this data is released, steps should be taken to "block" the face of all other students in the image.
- ☐ I understand that access to the District's video monitoring system is a privilege, not a right.
- ☐ I understand that all users shall be required to acknowledge receipt and understanding of administration regulations governing use of the system.
- ☐ I agree, in writing, to allow monitoring of my use and compliance with such regulations and guidelines.
- ☐ I understand that noncompliance may result in suspension of access or termination of privileges and other disciplinary actions consistent with District policies.
- ☐ I understand that any violations of the law I commit could result in criminal prosecution and/or disciplinary actions by the District.

I acknowledge that I have read, understand, and will abide by the CFBISD Video Surveillance Administrative Regulations governing the use of the surveillance system.

Campus/Department

Date

Printed Name

Signature