

CLEAR CREEK ISD  
WITHDRAWAL OF REQUEST FOR VIDEO SURVEILLANCE

Requester's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of request for video surveillance: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Campus Name: \_\_\_\_\_ Campus TEA #: \_\_\_\_\_

Location of requested surveillance: \_\_\_\_\_

Having initiated the above-referenced request for video surveillance pursuant to Section 29.022, Texas Education Code, 19 T.A.C. § 103.1301, and Board Policy EHBAF, I hereby voluntarily withdraw my request. I understand that the District will take no further action regarding my request and, if video surveillance has already begun, will discontinue video surveillance of the requested classroom/special education setting. I further understand that I will be required to submit a new request for video surveillance in the event that I wish to resume video surveillance pursuant to Section 29.022, Texas Education Code, and 19 T.A.C. § 103.1301 at a later date.

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are a parent, assistant principal, or staff member, please return the completed Exhibit A1 to the campus principal. If you are a principal or Board of Trustees, please return the completed Exhibit A1 to the Director of Parent Assistance.*

<b><u>For District Use Only</u></b>	
_____	
<b><i>Date Completed Exhibit A1 Received</i></b>	
Received By: _____	
_____	
<b>Director of Parent Assistance</b>	<b>Date</b>