



LA PORTE INDEPENDENT SCHOOL DISTRICT

SPECIAL EDUCATION CLASSROOM VIDEO/AUDIO SURVEILLANCE REQUEST FORM

Return this form to the Executive Director of Special Programs. Forms may be submitted by email, fax, US Mail, or dropped off in person.

traderb@lpisd.org
Fax: 281.604.7026

1002 San Jacinto
La Porte, TX 77571

Questions?
281.604.7032

Requestor's Name: _____

Requestor's Phone Number: _____

Requestor's Email Address: _____

Campus Requested: _____

Room Number or Name Requested: _____

Requesting as a: Parent/Guardian Staff Member Board Trustee

If Parent/Guardian, Student's Name: _____

Email or Postal Address to Send Completed Form: _____

Notice: It may take 20 business days from receipt of completed request before video and/or audio surveillance is operational.

Requestor's Signature: _____

Office Use Only

Special Education

Date of Receipt of Completed Form: _____

Approve Campus _____

Room Number 1: _____ Audio Only? Room Number 2: _____ Audio Only?

Denie Reason: _____

Signature: _____ Date: _____

Technology Services

Date of Receipt of Completed Form: _____ Date Ordered: _____

Provide copy to Deputy Superintendent of Administration & Support Services