

**ADDISON NORTHWEST SCHOOL DISTRICT
SECURITY CAMERA VIDEO REVIEW REQUEST FORM**

Date of Request: _____

REQUESTING INFORMATION

SCHOOL: _____

REQUESTER NAME: _____

PHONE: _____ EMAIL: _____

SECURITY CAMERA VIDEO INFORMATION

LOCATION(S) OF CAMERA(S): _____

DATE AND TIME OF VIDEO: _____

REASON FOR REQUEST: _____

APPROVALS

Requesting Individual	Superintendent or Designee
I have read and understand ANWSD Policy F43, Video Security Cameras (the "Policy"). I agree that my use of any video released pursuant to this request will be strictly in accordance with the terms of the Policy.	<input type="checkbox"/> I approve this request for the review/release of security camera video.
_____	<input type="checkbox"/> I do NOT approve this request for the review/release of security camera video, and written justification is attached.
Signature	_____
_____	Signature
Printed Name	_____
_____	Printed Name
Title	_____
_____	Title
School	_____
_____	Date
Date	_____