

**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 Assistant Superintendent of Human Resources.

For District Use Only

Date Completed Exhibit A1 Received

Received By: _____

Assistant Superintendent of Human Resources

Date: _____