Request to View Video Surveillance Footage

Requester Information

Date of Request	
Name of Requestor	
Agency/Organization	
Title/Position	
Phone Number	
Email Address	
Case or Claim Number	
Relevant Student(s), if applicable	

Details of the Footage Being Requested

Date(s) of Incident(s)	
Approximate Time(s) of Incident(s)	
Location(s) (e.g. building name, hallway, outside entrance)	
Purpose for Request (e.g., investigation, court proceeding, insurance claim)	
Applicable legal authority under which this request is made (e.g., subpoena, court order, written release, statutory authority)	

Acknowledgments & Conditions

_____ I understand that the requested footage will only be released in accordance with federal and state laws, including FERPA and district policy.

_____ I understand that the footage may contain images of students or staff not related to my request, and that further disclosure is restricted by law.

_____ I agree to use the footage solely for the purposes outlined in this request.

_____ I understand that requests may be denied or limited if not legally compliant.

Signature

By signing below, I affirm that the information provided is accurate and that I am authorized to request this footage on behalf of my agency/organization.

Signature of Requester: _____Date: _____

For Office Use Only

Date Received	
School Official Reviewing Request	
Response (Approved / Denied)	
Date Footage Released/Viewed	
Notes (including reasons if denied)	