



VANCE COUNTY SCHOOLS

Video Surveillance Chain of Custody

Item Information

Type of Item: Flash Drive

Incident Information

Date of Incident: _____

If exact date is unknown, what is the estimated date range? _____

Approximate Time of Event: Start Time: _____ End Time: _____

School Name: _____

Location in the building: _____

Camera/Bus #: _____

Chain of Custody/Viewing

Transportation Department

Received from: _____ By: _____ Date: _____ Time: _____

Technology Department

Received from: _____ By: _____ Date: _____ Time: _____

Approved for viewing

Human Resources

Student Services

Superintendent's Office

Received from: _____ By: _____ Date: _____ Time: _____

Attorney's Office

Received from: _____ By: _____ Date: _____ Time: _____

Sheriff's Office/Police Department

Received from: _____ By: _____ Date: _____ Time: _____