



# VANCE COUNTY SCHOOLS

## Bus Video Request Form

**Requestor Information – External  Internal**

**External Request**

Requestor Name: \_\_\_\_\_  
Requestor Address: \_\_\_\_\_  
Requestor Contact Telephone: \_\_\_\_\_  
Requestor Email Address: \_\_\_\_\_  
School Name (if applicable): \_\_\_\_\_  
Date Requested: \_\_\_\_\_

**Internal Request**

Requestor: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Date Requested: \_\_\_\_\_

**Incident Information**

Bus Number: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
If exact date is unknown, what is the estimated date range? \_\_\_\_\_  
Operational Period: AM PM  
Time of Event: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Student Information**

Student Name (if applicable): \_\_\_\_\_  
Student's location on the bus (if known): \_\_\_\_\_  
Description of Student's Clothing (if known): \_\_\_\_\_

**Incident Details**

Is this video request based on a recent Discipline Referral issued by a bus driver? Yes No  
Name of Bus Driver (if applicable): \_\_\_\_\_  
The Alleged Event Occurred at: \_\_\_\_\_ (Provide Written Description Below)  
Description of Location (provide a bus stop location or any descriptive details available):

Description of Alleged Event:

I am requesting to view the applicable recording:  Yes  No

**Reason for Viewing Request:**

*I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief. I further acknowledge and agree that I am aware of my legal obligation to report suspected abuse or neglect to the appropriate authorities.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Note: Upon approval, all student related video requests will be forwarded to the requestor for full review. Video requests that are personnel related will be reviewed by the Transportation Department and will be forwarded to the Human Resources Department. A chain of custody form must be signed upon delivery of any bus recording.**

**FOR OFFICE USE ONLY**

<b>Superintendent's/Designee's Signature:</b> _____	<b>Date:</b> _____	<b>APPROVED</b>	<b>DENIED</b>
<b>Board Attorney's Signature:</b> _____	<b>Date:</b> _____	<b>APPROVED</b>	<b>DENIED</b>

**Viewing Information**

Date of Viewing: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by: \_\_\_\_\_

Signature of Viewers – *By signing below, I agree that all information viewed or discussed during this viewing will remain confidential.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NEXT STEPS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_