



VANCE COUNTY SCHOOLS _____

Video Surveillance 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

Date of Incident: _____
If exact date is unknown, what is the estimated date range? _____
Approximate Time of Event: Start Time: _____ End Time: _____
Location in the building: _____
Camera #: _____

Student Information

Student Name (if applicable): _____
Student's location on campus (if known): _____
Description of Student's Clothing (if known): _____

Incident Details

The Alleged Event Occurred at: _____ (Provide Written Description Below)

Description of Alleged Event:

I am requesting to view the applicable recording: Yes No

Reason for Request for Viewing:

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 surveillance requests will be forwarded to the requestor for full review. The Human Resources Department will review all video surveillance requests that are personnel related. Upon request, all findings will be forwarded to the Superintendent's Office. A chain of custody form must be signed upon delivery of any video surveillance recording.

FOR OFFICE USE ONLY

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

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
