

ADDISON NORTHWEST SCHOOL DISTRICT SECURITY CAMERA VIDEO REVIEW REQUEST FORM

Date of Request: _____

REQUESTING INFORMATION

SCHOOL: _____

REQUESTER NAME: _____

PHONE: _____

EMAIL: _____

SECURITY CAMERA VIDEO INFORMATION

LOCATION(S) OF CAMERA(S): _____

DATE AND TIME OF VIDEO: _____

REASON FOR REQUEST: _____

APPROVALS

Requesting Individual	Superintendent or Designee
<p>I have read and understand ANWSD Policy F43, Video Security Cameras (the "Policy"). I agree that my use of any video released pursuant to this request will be strictly in accordance with the terms of the Policy.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>School</p> <p>_____</p> <p>Date</p> <p>_____</p>	<p><input type="checkbox"/> I approve this request for the review/release of security camera video.</p> <p><input type="checkbox"/> I do NOT approve this request for the review/release of security camera video, and written justification is attached.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p> <p>_____</p>