



## CCTV VIDEO REQUEST FORM

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
Name of Agency/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Party of Interest: (select one)

- Person Involved                       Parent/Guardian of Student  
 Property Owner                         Insurance Company  
 Attorney                                    Other: \_\_\_\_\_

The undersigned herein agrees that they have no ownership rights of the video recording and is being granted license to use it ONLY for the purposes stated on this request. Furthermore, the undersigned agrees that they will not share, transfer, or by any means distribute the video to any other party without first obtaining authorization from the Superintendent of the Conejo Valley Unified School or their designee.

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

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_

Incident Type: (select one)

- Injury                                         Crime  
 Traffic Collision                         Other: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ROUTING: SCHOOL > DIRECTOR > ASSISTANT SUPERINTENDENT > RISK MANAGEMENT > TECHNOLOGY**