

Woodridge Local School District

VIDEO SURVEILLANCE RECORDING RELEASE FORM

Date _____ Time _____ Video Surveillance ID # _____ File # _____

Name of School/Facility _____

Location of Video Storage Device _____ In-Use Used

Type of Video Surveillance Recording Tape CD DVD Disk Other (Specify) _____

Name of Authorized Individual Releasing Video Recording of Surveillance: _____

Position of Authorized Individual Releasing Video Recording of Surveillance: _____

Signature _____

Name of Individual Taking Custody of the Video Surveillance Recording: _____

Position _____ ID # _____

Organization _____ Telephone # _____

Purpose or Reason for Release _____

Signature _____

A separate form must be completed each time a video surveillance recording is released.

Copies to be made and distributed as required.

Video surveillance recording means videotapes or any other tape, CD, DVD, disk, hard drive or other device used to store information from a video surveillance/electronic monitoring system.

9/15/09

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