## 1 3235 GFPS VIDEO SURVEILLANCE VIEWING REQUEST FORM

2 3	authorized school personnel must be made in writing on this District form to the school principal.
4	DATE OF REQUEST
5	NAME
6	ADDRESS
7	DAYTIME PHONE NUMBER
8 9	DATE AND TIME OF INCIDENT WISHING TO VIEW
10 11 12	REASON(S) WISHING TO VIEW (BE SPECIFIC)
13 14 15 16 17	
18 19	If your request is granted, such viewing must occur in the presence of the principal or designee.
20 21 22 23 24 25 26	INDICATE SEVERAL DAYS AND TIMES YOU WOULD BE AVAILABLE TO VIEW THE FOOTAGE:
27 28	If your request is granted, a fee of \$25 per hour (prorated accordingly) will be charged. Do you agree to pay any and all costs associated with the viewing? YES NO
29	In order to view the recording, you must initial each of the following:
30 31 32	If I witness any event on the playback that is a safety concern, is unlawful or is a violation of Board policies, administrative regulations, District or building rules or law, I must bring it to the attention of the principal or designee who is present at the viewing.
33 34	I understand that I am not allowed to take a picture or make any other kind of recording or any scene viewed.
35	I understand that I am to treat the information I view as confidential.
36 37 38 39	Signature
33	Signature