



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. CVUSD reserves the right to charge no less than \$100 for each video request.

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