



Parent/Guardian Request to View
School Video Surveillance Footage (SAF-F031)

Name of Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____

Name of Student: _____

Date of Video Surveillance Footage Requested: _____

Approximate Times of Video Footage: _____

School Name and Location on School Premises: _____

Reason for Request: _____

Signature of Parent/Legal Guardian

Date