



Parent/Guardian Request to View School Bus Video Surveillance Footage

Name of Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____

Name of Student: _____

Date of Video Surveillance Footage Requested: _____

Approximate Times of Video Footage/A.M. or P.M. Bus Route: _____

Bus Number: _____

Reason for Request: _____

Signature of Parent/Legal Guardian

Date

To Be Completed by CMCSS Personnel

Action Taken: _____
