



Anthony Independent School District

IT Department Video Surveillance Request Form

Date of Request: _____

Identification Presented: _____

Person Making Request: _____ Agency/School/Dept. _____

Email address: _____ Phone: _____

Agency Case No. (if applicable): _____ Type of Case (if applicable): _____

Date of Occurrence: _____ Address of Occurrence: _____

Exact Location: _____ Time of Occurrence: _____

Time of Video Start: _____ Time of Video End: _____

Vehicle(s) description (if applicable): _____

Additional descriptors/comments: _____

For Official Use Only:

Approved: _____ Disapproved: _____
(Initials) (Initials)

Administrator: _____ Date: _____

Comments: _____

DISCLAIMER

Anthony ISD has no responsibility for any civil/criminal litigation resulting from the intentional and or circumstantial misuse of the provided video footage.