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Video Request Form

Date: _____

Requestor Name: _____

Campus: _____

Date of the Incident: _____

Time of the Incident: _____

Camera Names of where the incident occurred

____Approved ____Denied by Robert Montgomery or Julia Weiss

Approval or Denial Signature: _____

Video Captured and saved: _____Yes _____No

This video is property of McKinney ISD and cannot be distributed, photographed or copied unless under a subpoena from a court of law. Persons outside of McKinney ISD can only view this video in presence of a District/School Administrator.