

OPER-600A: SURVEILLANCE VIDEO RELEASE FORM

Date	Time	Video Surveillance ID #	File # (if applicable)
Name of School and Community:			
Type of Surveillance Video: <input type="checkbox"/> Tape <input type="checkbox"/> CD <input type="checkbox"/> Disk <input type="checkbox"/> Other (please specify)			
Name and Position of NLESD Authorized Individual Releasing Surveillance Video (Please Print):			
Information on Individual Receiving Surveillance Video (Please Print):			
Name: _____			
Position: _____			
Agency: _____			
Purpose or Reason for Release:			
ATIPP Coordinator has been consulted: <input type="checkbox"/> Yes DATE: _____			
Acknowledgement of Receipt			
I, the above-named, acknowledge receipt of a Newfoundland and Labrador English School District video recording:			
Signature:			
Date:			
<i>*A copy of the form must be forwarded to the ATIPP Coordinator, Newfoundland and Labrador English School District and a copy must also be provided to the individual taking custody of the surveillance video.</i>			