

**VIDEO/ELECTRONIC SECURITY SYSTEM  
REQUEST FORM**

Name of School and Community:	Date:
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Installation Proposed:       New       Change/Expansion

If new, how many cameras are you proposing to install? \_\_\_\_\_

If changing or expanding your system, how many cameras do you have in place now? \_\_\_\_\_

How many additional cameras are you proposing to install? \_\_\_\_\_

Briefly describe rationale for request *(attach additional information if necessary)*:

**Please list specific dates and incidents serving as rationale for system and location of cameras:**

Date:	Description of Incident:

Has your school council been informed about your application:       Yes       NO

Have alternatives to video/electronic surveillance been implemented:       Yes       NO

If yes, what was done:

Who will have access to the Video/Electronic Security System Monitors?

How will surveillance recordings be stored/saved?

What are the proposed hours of operation of the surveillance?

Is/will the system be connected to the computer network?:       Yes       NO

If yes, has access to the system been confirmed as restricted by the NLESD IT Department?       Yes       NO

*Video/Electronic Security System Policy and Admin Procedures/Regs have been reviewed:*       Yes       NO

School Administrator: \_\_\_\_\_  
*Name (Please Print)*      *Signature*

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Assistant Director of Education (Operations)/Designate*

ATIPP Coordinator has reviewed application:       Yes       NO

Time limit for operation of system, if applicable: \_\_\_\_\_

Number of cameras approved: \_\_\_\_\_