

*McKinney Independent School District*

**Request for Cameras in Special Education Classroom**

**Name of Requestor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Classroom requested for cameras:** \_\_\_\_\_

**Please check which title applies to you:**

- Parent/Guardian
- Staff Member
- Board of Trustee Member

**Signature of Requestor:** \_\_\_\_\_

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*The following is for district use only.*

**Date Request Received by Campus Administrator:** \_\_\_\_\_

**District Employee in Receipt of Request:** \_\_\_\_\_

**Date Written Notice was provided to staff and the parents/guardians of other students in the special education classroom:** \_\_\_\_\_

**Date of Scheduled Installation for Cameras:** \_\_\_\_\_

**Signature of District Designee Coordinating Cameras:**

\_\_\_\_\_