

## **Video Request Form**

Date:			
Requestor Name:			
Campus:			
Date of the Incident:			
Time of the Incident:			<del> </del>
Camera Names of where the incide	nt occurred	1	
ApprovedDenied			
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.