

Manhattan-Ogden USD 383 Video Viewing Request Form for Outside Agency

***All fields are required**


Date of Request	
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1. Name of Outside Agency	
2. Contact First and Last Name	
3. Contact Email Address	
4. USD 383 Building Student Attends	
5. Date of Incident	
6. Approximate Time of Incident	
7. Location of Incident in Building	


8. Full Name(s) of any additional contacts from the Outside Agency who will attend the viewing (3 person max.)


9. Description of Incident - please give as many details as possible - color, descriptions, interior/exterior, etc.

10. Reason for Request to View Incident

11. I understand this process is for viewing surveillance video and only those individuals listed above will be allowed to attend the viewing, if approved.
I signify I understand and agree with my initials here 

12. I understand there may be other students shown in the video and those parent/guardians may be notified and given the opportunity to view the footage as well.
I signify I understand and agree with my initials here 

13. I understand that disciplinary actions taken with other students are confidential and will never be disclosed.
I signify I understand and agree with my initials here 

14. I understand that, if approved, I will be given the opportunity to schedule a viewing session at a district location with a district technician. The appointment times will be available on a first-come, first-served basis.
I signify I understand and agree with my initials here 

15. I understand that approval is dependent on the availability of the video footage in question. I understand I will be notified if the footage cannot be accessed.

I signify I understand and agree with my initials here →

16. I understand that the appointment will be for a maximum of 20 minutes and the video footage will be shown a maximum of 3 times at any speed requested by the approved attendee.

I signify I understand and agree with my initials here →

17. I understand the technician showing the video footage will not accept comments or questions about the incident depicted and the technician will only be there to operate the video viewing process.

I signify I understand and agree with my initials here →

18. I understand that absolutely no recording will be allowed inside the viewing area.

I signify I understand and agree with my initials here →

19. I understand that any violation of the preceding conditions will cause the viewing process to stop immediately.

I signify I understand and agree with my initials here →

20. I understand that this process is subject to approval by district officials.

I signify I understand and agree with my initials here →

21. I understand I will be contacted either way once the approval process has been completed.

I signify I understand and agree with my initials here →

22. I understand and agree with all the conditions outlined for this process.

I signify I understand and agree with my full signature here

	Signature - USD 383 Internal Use Only	Date
Building Administrator Approval		
Safety & Security Approval		
District Approval		