

Manhattan-Ogden USD 383 Video Viewing Request Form for Parents/Guardians/Students Over Age 18

***All fields are required**

Date of Request	
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1. Name of Student	
2. Name of Parent/Guardian	
3. Parent/Guardian 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 Parents/Guardians who will attend the viewing (3 person max.)

9. Description of Incident - Please give as many details as possible - time, color, description, interior/exterior, etc.

10. Reason for Request to View Incident

11. I understand this process is for Parent/Guardians of USD 383 students/USD 383 student aged 18+ and only those individuals will be allowed to attend the viewing, if approved.
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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 to other parent/guardians.
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		