District School Board
Ontario North East

Video Access Request Form

Date of Request: _____

REQUESTOR DETAILS

Name of Requestor: _____

Under the Authority of: _____

REQUESTED INFORMATION

School: _____

Principal: _____

DETAILS OF REQUEST:

(In as much detail as possible, including date, time, individuals involved, specific location, as well as reason for request)

	ROUTING ➔ **Requestor** ➔ **School Principal or Superintendent of Education** ➔ **Communications Officer**
Requestor Signature	

OUTCOME OF RELEASE TO AUTHORITY: (OFFICE USE ONLY)

Date of Tape: _____ Tape Number/Code: _____

☐ **Approved** ☐ **Not Approved**

Approver Name and Title	Approver Signature	Date

Date Returned: _____ **OR** Date tape Destroyed after use: _____