

Surveillance System Request Form



Name of School and Community:	Date:
Installation Proposed: <input type="checkbox"/> New <input type="checkbox"/> Change/Expansion <input type="checkbox"/> File Update <input type="checkbox"/> Came Equipped with New School	
If new, how many cameras are you proposing to install?  If changing, expanding or updating your system, how many cameras do you have in place now? Interior _____ Exterior _____  How many additional cameras are you proposing to install? Interior _____ Exterior _____  <input type="checkbox"/> Floor plan Attached indicating camera placement	
Briefly describe rationale for request ( <i>attach additional information if necessary</i> ):   	
Please list specific dates and incidents serving as rationale for system and location of cameras: namely is there a real, pressing and substantial problem which is ongoing in nature that has not and cannot be mitigated by other less privacy intrusive measures.	
Date:	Description of Incident:
Has your school council been informed about your application: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have alternatives to video/electronic surveillance been implemented:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was done:		
Who will have access to the Video/Electronic Security System Monitors?		
How will surveillance recordings be stored/saved?		
What are the proposed hours of operation of the surveillance?		
Is/will the system be connected to the computer network	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has access to the system been confirmed as restricted by the IT Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Video/Electronic Security System Policy and Admin Procedures have been reviewed:*

Yes
                 
  No

School Administrator: \_\_\_\_\_  
*Name (Please Print)*
*Signature*

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Superintendent of Schools or Designate*

**Privacy Review**

\_\_\_\_\_ Date: \_\_\_\_\_  
 Privacy Form Completed and Attached:    Yes    NO  
 Time limit for operation of system, if applicable: \_\_\_\_\_

**Facilities Review**

\_\_\_\_\_ Date: \_\_\_\_\_  
 Director of Facilities  
 Number of cameras approved: \_\_\_\_\_