



Video Recording Release Form

This form must be completed by all individuals who wish to view video recordings that were prepared for surveillance purposes by or on behalf of the Board of Trustees of the Red Deer Public School District No. 104.

Today's Date: _____

Applicant's Name: _____

Contact Information: _____

Phone Number

Address

Date on Which Video Recording was Taken: _____

Date on Which Video Recording was Returned: _____

Reason(s) for Requesting Opportunity to View the Video Recording(s):

Reason(s) for Failure to Return Video Recording(s), if Applicable:

Signature of Applicant: _____

This information is being collected in order for Red Deer Public Schools to determine whether or not the information can be released to you in accordance with the provision of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact _____,

who can be reached at _____.