



Request to View Bus Video Surveillance

Name of Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____

Name of Student: _____

Date of Video Surveillance: _____

Location/Bus Number: _____

Estimated time of the event: _____

Brief Description of Incident:

Signature of Parent/Legal Guardian

Date

CCSD Witness

Please Note: Once this Request is submitted to the School and/or Transportation Administrators you will be contacted to schedule a time convenient for all to view the requested video.