

MONTGOMERY COUNTY PUBLIC SCHOOLS**Request to View MCPS Security Camera Video**

Office of School Support and Improvement (OSSI)
Office of Systemwide Safety and Emergency Management (OSSEM)
Office of the General Counsel (OGC)
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
15 W. Gude Drive
Rockville, Maryland 20850

INSTRUCTIONS

Video footage recorded by MCPS security cameras may depict misconduct, a serious incident, and/or criminal conduct on MCPS property, including a school bus. This form should be completed by MCPS school administration after receiving a request by someone outside of MCPS to view a security camera video, including students, parents/guardians, and law enforcement.

Part I should be completed by an MCPS school administrator and then sent to OSSEM for review, export, and preservation of the video. OSSEM will arrange for review of the video by the school principal, a representative from OSSI, and a representative from OGC. The principal, OSSEM, OSSI, and OGC must all authorize the viewing of the video by the requestor in Part III of this form. OSSEM will distribute the completed form as noted.

For more information, see MCPS Regulation EGF-RB, *Retention and Disclosure of MCPS Video Records*, which provides guidance for school staff when viewing, preserving, or disclosing videos from MCPS security cameras.

PART I: REQUESTOR (TO BE COMPLETED BY SCHOOL ADMINISTRATOR)

Requestor name: _____ Date of Request: ____/____/____

Requestor is: ☐ Parent/Guardian of Student _____
☐ Eligible Student ☐ Law Enforcement ☐ Other (specify) _____

Requestor contact phone number: ____/____/____ Email _____

REASON FOR THE REQUEST:

Please describe the reason the requestor is requesting to view MCPS security camera video, including a description of any incident(s), incident location(s), date(s), time(s), etc.

Name of MCPS school administrator completing this form: _____

Title: _____

☐ School name: _____

School Principal Name: _____

School Principal Signature: _____ Date: ____/____/____

Does the principal agree or disagree with authorized person viewing the security camera video?

☐ Yes ☐ No If no, reason: _____

☐ **Notification made to Director of School Cluster/Director Name** (Print Name) _____

Date this form was completed: ____/____/____

PART II: REVIEW, EXPORT, AND PRESERVATION (TO BE COMPLETED BY OSSEM REP.)

Date MCPS security camera video was reviewed and exported by OSSEM: ____/____/____ Time: ____:____ ☐ a.m./☐ p.m.

Name of OSSEM Reviewer: _____

Names of any other MCPS staff members reviewing the video: _____

PRESERVATION:

Location where video footage is being preserved: _____

Saved title of video footage: _____ Date saved: ____/____/____

Are images of multiple students and/or MCPS staff members contained on the video: ☐ Yes ☐ No

If yes, describe: _____

PART III: AUTHORIZATION

Reviewed by:

1. Reviewed by Representative from OSSEM Name and Title: _____
OSSEM Representative Signature: _____ Date: ____/____/____
 2. Reviewed by Representative from OGC Name and Title: _____
OGC Representative Signature: _____ Date: ____/____/____
- ☐ Yes ☐ No If no, reason: _____

PART IV: REVIEW OF VIDEO (TO BE COMPLETED BY SCHOOL ADMINISTRATOR)

Security camera video was viewed by the Requestor Named in Part I on (date): ____/____/____

Location where the security camera video was viewed: _____

Who was present when the security camera video was viewed? (all names other than Requestor, including titles)

Note: Under no circumstances are MCPS staff authorized to provide copies of videos from MCPS security cameras without approval from OGC.

Distribution: Original/Completed form should be maintained in a secure file in the Principal's, Copy/OSSEM