



1380 East Sixth Street
Room 106A
Cleveland, Ohio 44114
Phone (216) 574-8552
Fax (216) 574-8555

Request for Information Retrieved/Archived via Video Monitoring

Date: _____ **Incident Number:** _____

Person(s) making request: _____

School: _____ **Phone:** _____
(department- if applicable)

Purpose of Archive Retrieval: _____

Agent authorizing Archival Release: _____ **Date:** _____
(Executive Director of Safety and Security)

Address of occurrence: _____

Exact location of alleged incident: _____

Type of incident (Damage to Property, Theft, Physical Disruption, etc.) _____

Date(s) of occurrence: _____

Time(s) of occurrence: _____

Description of person/object sought: _____

Describe injury to person to be observed: _____

Describe damage to property to be observed: _____

Explain what occurred: _____

Archival analysis narration (official use only): _____

By: _____ **Date:** _____

Camera retrievals effective in review analysis: yes no not applicable

Results of findings tend to: support claim disprove claim appear inconclusive

Disposition of retrieved archival footage: _____

Archive Receipt: _____ **Date:** _____