Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 600 – Students

ADMINISTRATIVE PROCEDURE - EXHIBIT: SURVEILLANCE VIDEO RELEASE FORM

EXHIBIT CODE:	*644 E 004*
Policy Reference: 644 - Surveillance	**Procedure Code Reference:** 644 AP 001 – Video Surveillance

EXHIBIT

See below for form.

Approved: September 7, 2010
Revised: April 16, 2013

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SURVEILLANCE VIDEO RELEASE FORM

Date	Time	Video Surveillance ID #	File #

Name of School/Facility	Location of Video Storage Device	Type of Surveillance Video
	□ In-Use _____ □ Used _____	□ Tape □ CD □ Disk □ Other (Specify) _____

Name and Position of Authorized Individual Releasing a Copy of the Surveillance Video or the Video Recording Device

_____

Please Print Name Signature

Purpose or Reason for Release

Name of Individual Taking Custody of the Copy of the Surveillance Video

_____

(Please Print)

Acknowledgement of Receipt and Indemnity

I, the above noted individual, on behalf of my employer, acknowledge receipt of a MHPSD video recording device of a copy of the MHPSD surveillance video or and agree that I and my employer will hold the MHPSD harmless for any damage that occurs due to the release of the video recording device or surveillance video while in my custody or under my control.

_____

Signature

Position	ID # or Regimental #	Employer/Organization	Telephone Number

A separate form must be completed each time a surveillance video or video recording device is released. A copy of the form must be kept at the MHPSD and a copy must be provided to the individual taking custody of the copy of the surveillance video.

Surveillance Video means videotape or any other tape, CD, DVD, disk, network device or other device used to store information from a video surveillance system.