



SURVEILLANCE VIDEO RELEASE FORM

This form may only be used to release Lloydminster Public School Division video surveillance footage.

Date	Time	Camera #	Date/time range of export
Name of School/Facility		Type of Media Used	
<hr/>		USB	
<hr/>		CD/DVD	
<hr/>		Other	
Note: Email or any form of online sharing is not to be used			
Name and Position of Authorized LPSD Individual Releasing a Copy of the Surveillance Video			
<hr/>		<hr/>	
Please Print		Signature	
Purpose or reason for release:			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
Name of Individual Taking Custody of the Copy of the Surveillance Video			
<hr/>			
Please Print			
Acknowledgement of Receipt and Indemnity			
I, the above noted individual, on behalf of my employer, acknowledge receipt of a Lloydminster Public School Division surveillance video and agree that I and my employer will hold the Lloydminster Public School Division harmless for any damage that occurs due to the release of the surveillance video while in my custody or under my control.			
<hr/>			
Signature			
Position	ID or Regimental #	Employer/Organization	Phone number
<hr/>	<hr/>	<hr/>	<hr/>
A separate form must be completed each time a surveillance video is released. A copy of the form must be sent to the Superintendent of Administration at LPSD.			