GMU POLICE CCTV FOOTAGE REQUEST FORM

NOTE: **All video is the property of George Mason University and the release of any video footage is subject to all Federal and Commonwealth of Virginia laws.**

Please fill in all lines.

DATE: _____

REQUESTOR NAME: _____

DEPARTMENT or AGENCY: _____

DATE OF OCCURANCE: _____

TIME FRAME: **START TIME:** _____
END TIME: _____

REASON FOR REQUEST:

_____

_____

if more space is needed please fill out a separate sheet of paper and fax with this document.

By signing below I agree that the above statement is true and request that the GMUPD release the video footage requested. I also take full responsibility for the security of the footage released to me and will not distribute to any outside parties without prior approval from the University General Counsel under penalty of prosecution.

SIGNATURE _____
PRINT NAME _____
TITLE _____

APPROVED _____
TITLE _____
DATE _____

PLEASE SAVE THIS FORM PRINT AND FAX TO: 703-993-4644

revised 5-2012