

Video Surveillance: Release Authorization

School or Location _____

Administrator: _____

Use of Recorded Tapes

Authorization Form
To be signed by the Police Authorities

I, the undersigned, declare that I have received the recorded tape no. _____ or
the recorded tapes numbers. _____, _____, _____ from the administrator
_____ of the building named above.

This information remains the property of Toronto District School Board and will not be copied
without permission of Toronto District School Board.

This tape will be returned (these tapes will be returned) to the building administrator after being
used as part of an investigation.

Date of Return

Name (print) _____

Station or Office _____

Telephone Number _____

Signature _____

Date _____