



California State University, Northridge
 Department of Police Services
REQUEST FOR CCTV Footage

Individual is submitting a request permission to receive a copy of the CCTV footage. The Chief of Police will determine whether or not permission will be granted after completion of this review process.

COMPLETED BY APPLICANT:			
First Name:	M.I.:	Last Name:	Today's Date:
<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty			
If none of the above, state relationship to CSUN: _____			
Address: _____			
City: _____		State: _____	
Zip: _____			
Campus Telephone # (If applicable):		Alternate Telephone #:	
Ext. _____		() _____	
REQUEST:			
Date/Time of Incident: _____			
Type of Incident/Crime: _____			
Location of Incident/Crime: _____			
Additional Information: _____			

Footage Located : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Notes: _____			

Detective: _____		Date: _____	
COMPLETED BY POLICE ADMINISTRATION ONLY:			
Permission to Release Granted?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Requirements/Comments: _____			
Signature of Chief of Police: _____ Date: _____			