



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. Please note the system only maintains 30 days of footage before self-purging. If the request is made after that purge cycle and the requested footage is not connected to a criminal investigation it may no longer exist.*

COMPLETED BY APPLICANT:			
<b>First Name:</b> _____	<b>M.I.:</b> _____	<b>Last Name:</b> _____	<b>Today's Date:</b> _____
<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty      Law Enforcement			
If none of the above, state relationship to CSUN: _____			
<b>Address:</b> _____ City: _____ State: _____ Zip: _____			
<b>Campus Telephone # (If applicable):</b>		<b>Alternate Telephone #:</b>	
Ext. _____		(    ) _____	
REQUEST:			
<b>Date/Time of Incident:</b> _____			
<b>Type of Incident/Crime:</b> _____			
<b>Location of Incident/Crime:</b> _____			
Additional Information: _____			
*Please note the SmartClient-Player software used to view the footage is a windows based program and may not work on other operating systems.			
<b>Footage Located :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Detective: _____ Date: _____			
Reviewed By the Deputy Chief for Chief's Approval: _____			
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: _____
Revised 04/2024			

Notes: \_\_\_\_\_  
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Pick Up: Requesters Signature: \_\_\_\_\_

Date: \_\_\_\_\_