



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:			
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: _____ _____ _____			
*Please note the SmartClient-Player software used to view the footage is a windows based program and may not work on other operating systems.			
Footage Located : <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 08/2023			

Notes: _____

Pick Up: Requesters Signature: _____

Date: _____