

**Virginia Western Community College  
Campus Police Department  
Request for Surveillance Camera Recording**

Individual Making Request:		Department:		Phone Number:	
Camera # (Location):	From Date:	Time:	To Date:	Time:	
Description of event being sought ( <i>Give as much detail as possible</i> ):					
Reason for seeking recording ( <i>Criminal, Title IX, TAT, etc</i> ):					
Signature:			Date:	Time:	
<b><i>For VWCC Police Use Only</i></b>					
Received by:			Date:	Time:	
Video Searched by:			Date:	Time:	
Was the event described above located during the requested time frame?					
Yes      No					
Event recorded by:			Date:	Time:	
Recording Delivered to:	Signature:		Date:	Time:	