

**SPECIAL EDUCATION CLASSROOM VIDEO/AUDIO SURVEILLANCE REQUEST FORM**

Return this form to the Director of Special Education. Forms may be submitted by email, fax, US Mail, or dropped off in person

tmathis@lcisd.org  
Fax: 832-223-0401

3801 Avenue N  
Rosenberg Texas 77471

Questions?  
832-223-0400

Requestor's Name: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

Campus Requested: \_\_\_\_\_

Room Number or Name Requested: \_\_\_\_\_

Requesting as a: Parent/Guardian  Staff Member  Board Trustee

If Parent/Guardian, Student's Name: \_\_\_\_\_

Email or Postal Address to Send Completed Form: \_\_\_\_\_

Notice: It may take 20 business days from receipt of completed request before video and/or audio surveillance is operational.

Requestor's Signature: \_\_\_\_\_

**Office Use Only**

**Special Education**

Date of Receipt of Completed Form: \_\_\_\_\_

Approved:  Campus \_\_\_\_\_

Room Number 1: \_\_\_\_\_ Audio Only?  Room Number 2: \_\_\_\_\_ Audio Only?

Denied:  Reason: \_\_\_\_\_

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

**Technology Services**

Date of Receipt of Completed Form: \_\_\_\_\_ Date Ordered: \_\_\_\_\_