



1380 East Sixth Street  
Room 106A  
Cleveland, Ohio 44114  
Phone (216) 574-8552  
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**Request for Information Retrieved/Archived via Video Monitoring**

**Date:** \_\_\_\_\_ **Incident Number:** \_\_\_\_\_

**Person(s) making request:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(department- if applicable)

**Purpose of Archive Retrieval:** \_\_\_\_\_

**Agent authorizing Archival Release:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Executive Director of Safety and Security)

**Address of occurrence:** \_\_\_\_\_

**Exact location of alleged incident:** \_\_\_\_\_

**Type of incident (Damage to Property, Theft, Physical Disruption, etc.)** \_\_\_\_\_

**Date(s) of occurrence:** \_\_\_\_\_

**Time(s) of occurrence:** \_\_\_\_\_

**Description of person/object sought:** \_\_\_\_\_

**Describe injury to person to be observed:** \_\_\_\_\_

**Describe damage to property to be observed:** \_\_\_\_\_

**Explain what occurred:** \_\_\_\_\_

**Archival analysis narration (official use only):** \_\_\_\_\_

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camera retrievals effective in review analysis:**  yes  no  not applicable

**Results of findings tend to:**  support claim  disprove claim  appear inconclusive

**Disposition of retrieved archival footage:** \_\_\_\_\_

**Archive Receipt:** \_\_\_\_\_ **Date:** \_\_\_\_\_