



Bus Video Request Form (Form T018)

Requestor Name: Click here to enter text.

School Name (if applicable): Orr's ES

Stakeholder Type: School Administrator

Date Requested: Click here to enter a date.

Bus Number: Click here to enter text.

Date of Event:

If exact date is unknown, what is the estimated date range? Click here to enter a date. To Click here to enter a date.

Operational Period: AM run

Estimated Time of Event: Start Time unknown **End Time:** unknown

Student Name (if applicable): Click here to enter text.

Student's location on the bus (if known): Unknown

Description of Student's Clothing (if known): Click here to enter text.

Is this video request based on a recent Discipline Referral issued by a bus driver? Yes

Name of Bus Driver (if applicable): Click here to enter text.

The Alleged Event Occurred at: While Moving (Provide Written Description Below)

Description of Location (provide a bus stop location or any descriptive details available):

Description of Alleged Event:

Note: All student related video requests will be forwarded to the requestor for full review. Video requests that are personnel related will be reviewed by the Transportation Department. Upon request, all findings will be forwarded to the Human Resources Department with a copy of the recording. A chain of custody form must be signed upon delivery of any bus recording. Please email this request as an attachment to busdiscipline@gscs.org. Please place the name of your school or department and the term "Video Request" in the subject line.

Stamp Received: