



Video Review Acknowledgement

Safety and Emergency
Management Department

Clear Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form 175-F12
June 2026

Requestor Name:

Requestor is:

Parent/Guardian of Student
Name of Student:

Eligible Student
 FCPS Staff
 Other:

Dates and Times Requestor is Available to Review Video:

Proposed Location to Review Video:

Description of Video Requested for Viewing (e.g., date, time, school name/bus number, and location on FCPS property):

Purpose for Review (e.g., MPIA request, school/bus accident or incident, etc.):

ACKNOWLEDGMENT

I, , hereby acknowledge the

Following (both boxes must be checked):

Recording devices, including cameras, cell phones, or any other equipment capable of capturing images or audio, are prohibited during viewing.

No more than two (2) individuals may accompany me during viewing of the video.

And state the following regarding the viewing of the video (check all that apply):

- No third party will accompany me during viewing.
- I intend to have a third party, who is not a subject student or a parent/guardian of a subject student accompany me during viewing.
- I have notified FCPS of my intent to have a third party who is not a subject student or a parent/guardian of a subject student accompany me during viewing.
- I intend to have an attorney accompany me during viewing.
- I have notified FCPS of my intent to have an attorney accompany me during viewing.

Name(s), address, and relationship to Requestor of third party(ies) attending viewing.

Requestor Signature

Date

FOR OFFICE USE ONLY

(Authorized User to Complete this Section following Review of Video)

Date of Review:

Authorized User Present During Review:

Location where video review occurred:

Names of Individuals Present During Video Review:

Authorized User shall maintain a copy of the completed form for their records AND email a copy of the completed form to the Safety and Emergency Management Department