## **Archived Video/Image Request Form**

When available, authorized UC San Diego Police Department personnel may provide archived video surveillance footage containing video/ digital images for the purposes of assisting you in your investigation. Any recorded and archived video/digital images is proprietary and confidential of ongoing investigation support. You may not modify the video/digital images in any way, reproduce or publicly display, perform, distribute, or otherwise use the video/digital images for any public, commercial, or non-authorized law enforcement purpose without the written authorization and consent from the Chief of Police. Any use of these materials on any other website or networked computing environment for any purpose is strictly prohibited.

Today's Date:					
REQUESTING INFORMA	ATION				
Badge Number:					
First Name:	Last Name:				
Case/Report/Incident N	lumber:				
Email Address:					
SYSTEM INFORMATION	<b>J</b>				
□In-Car Video / Body Worn Camera (WatchGuard) Vehicle Number(s):					
☐ Main Campus (Milest	tone)				
☐ Health Systems (Lene	el)				
☐ Off-Campus (Other)	Manufacturer/Model Numb	er:			
VIDEO SURVEILLANCE I	LOCATION INFORMATION				
Building Name/Street N	lame:				
Additional Details:					
Incident Date:					
Video Start Time (24-hr	·): Vide	eo End Time (24-hr):			
Camera Name (if know	n):				
Incident Description:					
☐ By checking here, I at	ffirm that the following inform	mation provided is true and correct.			

## **Archived Video/Image Request Form**

## Case Number:

Officer	ID	BWV Activated		Number of BWV Videos	Remarks
		Yes	No		

Total BWV Submitted:
Date Submitted:

Submitted by: