



CCTV Footage Request Form

Part 1: Requester Information

Full Name: _____

Contact Number: _____

Email Address: _____

Relationship to Sacred Heart College of Lucena City Inc. (e.g., staff, student, visitor):

Part 2: Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of the Incident:

(Please provide a detailed description of the event, including any specific actions or incidents that occurred.) _____

Part 3: Purpose of Request:

Reason for Requesting the Footage: (Explain why the footage is needed and how it will be used.) _____

Intended Use of the Footage (e.g., personal reference, legal action, insurance claim):

Are you directly involved in the incident?

Yes No If no, please provide authorization or written consent from the person involved in the incident.

Part 4: Footage Details:

Specific Time Frame of Footage Requested:

(Please indicate the exact start and end time.) Start Time: _____ End Time: _____

Do you believe other individuals may appear in the footage?

Yes No If yes, Sacred Heart College may be required to obscure their identities to protect their privacy.

Part 5: Declaration:

I, the undersigned, confirm that the information provided in this form is accurate to the best of my knowledge. I understand that CCTV footage is personal data, and its use is subject to Sacred Heart College of Lucena City Inc. data protection policies and the Data Privacy Act of 2012.

I agree to use the footage only for the purposes outlined in this request and will not share it with unauthorized parties.

Signature over printed name of Requesting individual: _____

Date of Request: _____

Part 6: For Office Use Only

Date Received: _____

Request Reference Number: _____

Reviewed By (DPO/ Authorized Personnel): _____

Decision: Approved Denied (Reason: _____)

Please submit this form along with any supporting documents (e.g., valid ID, authorization letters) to the Sacred Heart College of Lucena City Inc. Data Protection Office.