

McKinney Independent School District

Request for Cameras in Special Education Classroom

Name of Requestor: _____

Date of Request: _____

Classroom requested for cameras: _____

Please check which title applies to you:

Parent/Guardian

Staff Member

Board of Trustee Member

Signature of Requestor: _____

The following is for district use only.

Date Request Received by Campus Administrator: _____

District Employee in Receipt of Request: _____

Date Written Notice was provided to staff and the parents/guardians of other students in the special education classroom: _____

Date of Scheduled Installation for Cameras: _____

Signature of District Designee Coordinating Cameras:
