



Office Use Only
Date Received:
Received By:

SURVEILLANCE RECORDING REQUEST

Great Southern Bank Arena, 685 S John Q. Hammons Parkway, Room 142, Springfield, MO 65897

Submit form by email to: SurveillanceRequest@MissouriState.edu

Request Information			
Requested By: <input type="checkbox"/> University Safety <input type="checkbox"/> Springfield Police <input type="checkbox"/> Custodian of Records <input type="checkbox"/> General Counsel <input type="checkbox"/> Human Resources <input type="checkbox"/> Dean of Students <input type="checkbox"/> Other			Specific Reason for Request:
Request Submitted By: (Name and DSN)	Date Request Submitted:	Campus Safety Incident Number:	Springfield Police Incident Number:
Incident Information			
Type of Incident:			
Date and Time of Incident: (Identify a date and time range when the incident occurred or may have occurred.)			
Beginning Date:	Beginning Time:	Ending Date:	Ending Time:
Address of Incident:			
Identify the specific location the incident took place at the address. Attach a diagram if necessary.			
What are you looking for in the recording?			
Suspect Information			
Suspect(s) Physical Appearance: (Sex, Height, Weight, Hair Color, Eye Color, Facial Hair, Race, Physical Disabilities, Tattoos, and Clothing.)			
Suspect(s) Vehicle(s): (License Plate, Make, Year, Model, Color, Identifying Marks)			
Victim / Witness Information			
Victim/Witness Physical Appearance: (Sex, Height, Weight, Hair Color, Eye Color, Facial Hair, Race, Physical Disabilities, Tattoos, and Clothing.)			
Victim / Witness Vehicle(s): (License Plate, Make, Year, Model, Color, Identifying Marks)			
Office Use Only			
Request Completed By: (Name / DSN)	Date:	Log Number:	
Date Recording Released:	Released To: (Print Name / DSN)	Method of Dissemination:	
Date Recording Released to Springfield Police:	Released To: (Print Name / DSN)	Springfield Police Signature:	