



Arlington Central School District

Transportation Department

Bus Video Request Form for School Administrators ONLY

Route # _____

Bus # _____

Date of request: ____/____/____

Date of video: ____/____/____

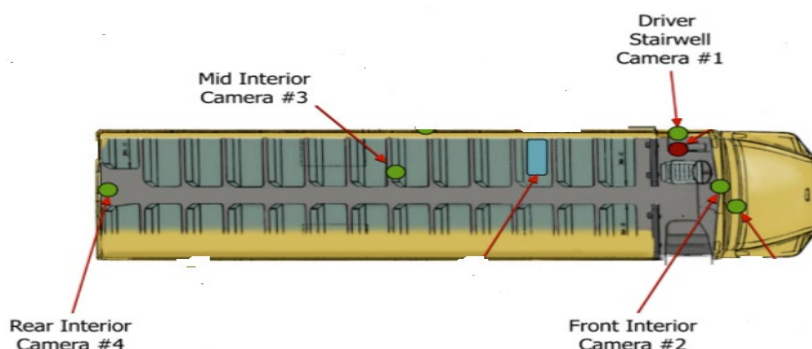
Time of video: Start _____ End: _____

School: _____

Requestor: _____

location or specific area of video
needed: _____

Select Cameras: 1 _____ 2 _____ 3 _____ 4 _____



**This form is to be used for each video requested. Print, complete, scan then
Email completed form to ACSDTRANSCONCERN@ACSDNY.ORG**

Office Use Only

Date Pulled: _____

Completed By: _____