CITY OF RALEIGH
POLICE DEPARTMENT
POST OFFICE BOX 590 • RALEIGH, NORTH CAROLINA 27602 • 919-996-3335

Recording Disclosure Request

Video recordings in the custody of a law enforcement agency may be disclosed (shown) only to the persons listed in this form upon written request with sufficient information to identify the recording. You will not receive a copy of the video and will not be able to record or take photographs of the video.

Person shown in the Police Video:

Name: _____ Driver's License No.: _____
Full Address: _____
Contact Numbers: _____ Email: _____

Requesting Party Information (if different from above):

Name: _____
Company: _____
Full Address: _____
Contact Numbers: _____ Email: _____

Event Information

Date: ____ / ____ / _____ Time of Incident: _____ Raleigh Case Number (if known): _____
Location: _____
Involved Officers (if known): _____
Description of Incident: _____

PLEASE SELECT THE APPROPRIATE CATEGORY BELOW:

1. ☐ A person whose image or voice is in the recording.
2. ☐ A spouse if the spouse whose image or voice is in the recording consents to the disclosure.
   Notarization of this request form is required by the consenting spouse - SEE OTHER SIDE
3. ☐ An attorney retained to represent a person whose image or voice is in the recording.
   Notarization of this request form by the client is required - SEE OTHER SIDE
4. ☐ A parent of a minor whose image or voice is in the recording.
5. ☐ A guardian of a minor or adult whose image or voice is in the recording. *Guardianship documentation is required.*
6. ☐ A personal representative of a deceased person whose image or voice is in the recording.
   Executorship, Power of Attorney, or other legal documentation is required.
7. ☐ A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure.
   Power of Attorney or other legal documentation is required.

I, _____, CERTIFY THAT I MEET THE CRITERIA OF THE BOX SELECTED
(PRINT NAME)
ABOVE TO VIEW THE RECORDING(S) REQUESTED HEREIN. _____
(SIGNATURE)

Please email the completed form and all required verification documents to Internal.Affairs@raleighnc.gov. You may also drop off all documentation at Raleigh Police Department Headquarters located at 6716 Six Forks Road, or mail all documentation to the following address: Raleigh Police Department, ATTN: Internal Affairs, 6716 Six Forks Road, Raleigh, NC 27615.

NOTARIZATION ON THE REAR OF THIS FORM AS NEEDED

VERIFICATION

BY SIGNING BELOW, I, _____, CERTIFY THAT I CONSENT TO MY SPOUSE OR
PRINT NAME

ATTORNEY, _____, TO VIEW A RECORDING(S) THAT MY IMAGE
NAME OF SPOUSE OR ATTORNEY

OR VOICE ARE RECORDED IN.

_____
Signature

STATE OF NORTH CAROLINA,
_____ COUNTY

I certify that the following person(s) personally appeared before me on this day, each acknowledging to me that he or she signed the foregoing document for the purpose stated therein and in the capacity indicated: _____.

Date: _____

_____
Signature of Notary Public

Printed Name: _____
My Commission Expires: _____