**Digital Closed Circuit Television Recording Retrieval**

The USC Department of Public Safety is able to provide Digital Closed Circuit Television (CCTV) recordings to non-law enforcement parties upon official request. Video footage, when available, will be released to:

- Victim(s)
- Authorized representatives of victim
- Insurance carriers against which a claim has been made and/or might be made
- Person suffering bodily injury, property damage or loss

The Department of Public Safety has the right to refuse release of material if:

- It could endanger the safety of a witness or other involved party
- It could hinder the successful completion of an investigation
- The Department is prohibited by law from releasing the material if a request from a law enforcement agency requests the video be held or court orders a hold on video.

**Requesting CCTV Video**

The CCTV Video Request Form needs to be completed and submitted before any video is released. Requests can be made in person at the address below or emailed to Detective Lieutenant A. Drake at adrake@dps.usc.edu. Please allow three to five business days for DPS to process your request.

**Fees and Payment**

The fee for a CCTV Recording is $150.00 plus shipping when applicable. An invoice will be sent upon verification of video availability and the material will be released upon receipt of payment.

**CASHIERS CHECK OR MONEY ORDER – NO CASH ACCEPTED**

- Pick up available at no charge (DPS Station 3667 S. McClintock Ave. Los Angeles, CA 90089)
- Shipping fee of $5.00 applies to all mailed requests.
- International shipping charges to be determined on a per request basis

**USC DPS Investigations Division**

3667 S. McClintock Ave. Los Angeles, CA 90089
Tel: 213-740-1520 Fax: 213-743-1728
CCTV Video Request Form

NAME OF APPLICANT/AGENCY: __________________________________________

ADDRESS: ____________________________________________________________

TELEPHONE: ____________________________ EMAIL: __________________________

PARTY OF INTEREST: (Please check one)

☐ Person Involved ☐ Property Owner ☐ Parent/Guardian of Juvenile

☐ Attorney ☐ Insurance Company

☐ Representative Other: ________________________________________________

$150.00 Service Fee ☐ Pick up ☐ Shipping Fee (+$5) ☐ E-mail requests

Cashiers Check or Money Order – NO CASH ACCEPTED

I declare under the penalty of perjury that I am the party of interest identified hereon.

SIGNATURE ___________________________ DATE __________________________

CASE / REPORT NUMBER: __________________ DATE OF INCIDENT: _____________

TIME OF INCIDENT: ___________ LOCATION OF INCIDENT: ______________________

INCIDENT TYPE: (Please check one)

☐ Traffic Collision ☐ Crime ☐ Other: __________________________________________

REASON FOR REQUEST:

_________________________________________________________________________

_________________________________________________________________________

ADDITIONAL INFORMATION:

_________________________________________________________________________

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_________________________________________________________________________

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