



Southern Pines Police Department

450 W. Pennsylvania Avenue • Southern Pines, NC 28387 • 910-692-2732

Recording Disclosure Request

Name: _____ Driver's License/ID #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

G.S. 132-1.4A- The head of the custodial law enforcement agency may only disclose a recording to the following. The term "personal representative" is defined in G.S. 132-1.4A. **Please check the appropriate check box below that applies to you:**

- (1) A person whose image or voice is in the recording.
- (2) A personal representative of an adult person whose image or voice is in the recording, if the adult person has consented to the disclosure.
- (3) A personal representative of a minor or of an adult person under lawful guardianship whose image or voice is in the recording.
- (4) A personal representative of a deceased person whose image or voice is in the recording.
- (5) A personal representative of an adult person who is incapacitated and unable to provide consent to disclosure.

Reason for Disclosure Request: _____

*****By signing below, I indicate my understanding that I may not video or audio record the incident I am requesting to review.***

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

**** Internal Use Only ****

Form Received By [Name & ID #]: _____ Date: _____

Identity Confirmation Method: Gov't Issued Photo ID CJLEADS/DMV Other: _____

Disclosure Request Review

Conducted by [Name & ID #]: _____ Date: _____

Disclosure Approved Notification Method: Phone Email Certified Mail

Notification Date/Time: _____

Date/Time of Disclosure Session: _____

Disclosure Denied (Cause indicated below)

____ Requesting party is not authorized for disclosure under NCGS 132-1.4A

____ Contains information that is confidential or exempt from disclosure or release under state or federal law

____ Disclosure would reveal information about a person that is of a highly sensitive personal nature

____ Disclosure may harm the reputation or jeopardize the safety of someone

____ Disclosure would create a threat to the fair, impartial and orderly administration of justice

____ Confidentiality is necessary to protect an active or potential internal or criminal investigation

____ Other (describe): _____

Notification Method: Phone Email Certified Mail

Notification Date: _____

Disclosure Session

Date: _____ Time: _____ Location: _____

SPPD Personnel Present [Name & ID #]: _____

Citizen(s) Present: _____

I, _____, acknowledge that the recording requested on this form was disclosed to me by the Southern Pines Police Department on the date and time indicated above.

Signature

Date