



## Alabama Law Enforcement Agency Request to View Audio/Video Recording

### Individual or Personal Representative requesting disclosure of recording:

Name:

Phone:

Email:

Mailing address:

### Individual whose image or voice was captured in the recording:

### Brief description of specific activity captured in the recording:

### Date and approximate time of activity captured in the recording:

### Is the recording related to an ongoing active law enforcement investigation or prosecution?

Yes ☐ No ☐ Unsure ☐

### If yes, provide the county of investigation/prosecution and, if applicable, the court case number:

Upon receipt of this completed form and, where applicable, the written consent of the adult individual whose image or voice is the subject of the recording, the Alabama Law Enforcement Agency (ALEA) may disclose the portion of the recording relevant to the request or may notify the requester of its decision not to disclose the recording. ALEA reserves the right not to disclose the recording if, in ALEA's judgment, the disclosure would affect an ongoing active law enforcement investigation or prosecution.

Approved requests will only be allowed to view the portion of the recording relevant to their request. A copy of the video will not be provided.

Individuals who receive disclosure of a recording will not receive a copy of the recording and are prohibited by law from recording or copying the disclosed material. Any individual found recording or copying a disclosed recording, to have released a disclosed recording, or in unauthorized receipt of a disclosed recording will be subject to investigation and legal action. ALEA reserves the right to assess reasonable fees for redaction and editing of a recording.

**Please select which of the following categories applies to you:**

- ☐ I am an individual whose image or voice is the subject of the recording.
- ☐ I am a personal representative of an adult individual whose image or voice is the subject of the recording. Said individual has provided written consent to the disclosure, a copy of which is attached.
- ☐ I am a personal representative of a minor whose image or voice is the subject of the recording.
- ☐ I am a personal representative of an adult individual under lawful guardianship whose image or voice is the subject of the recording.
- ☐ I am a personal representative of an adult individual who is incapacitated and unable to provide consent to disclosure whose image or voice is the subject of the recording.
- ☐ I am a personal representative of the estate of a deceased individual whose image or voice is the subject of the recording; a deceased individual's surviving spouse, parent, or adult child; deceased individual's attorney; or the parent or guardian of a surviving minor child of the deceased.

**CERTIFICATION:**

**I, (name) \_\_\_\_\_, hereby certify that I am the individual whose image or voice is the subject of the recording, or that I am a personal representative authorized by Act 2023-507 to receive disclosure of the recording; that the information provided on this form is true and correct to the best of my knowledge; and that I will not record or copy any recording disclosed to me.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name Printed**

\_\_\_\_\_  
**Date**

**Please submit this completed form, and any attachments thereto, by e-mail to:**  
**[public.records@alea.gov](mailto:public.records@alea.gov)**