



SURVEILLANCE RECORDED MATERIAL RELEASE FORM

Transportation Operator: _____

Route #: _____

Surveillance File Date and Location: _____

Name of Individual to Whom Storage Device Was Released: _____

Authority Under Which Storage Device Was Released: _____

Date of Release: _____

Date of Return or Destruction: _____ Return

_____ Destruction

Signature of RCJTC Designate

Signature of Person Receiving the Record