



CAMERA MONITORING ACCESS REQUEST FORM

In accordance with Virginia Commonwealth University's Camera Use Policy, all persons seeking access to monitor live video must have access granted through the VCU Police Department. By submitting this document, the requestor acknowledges review of the Camera Use Policy and promises to abide by all contents of the policy.

Requestor's Information

Date: _____

Requestor's Name: _____

Requestor's Department/Building Location: _____

VCU Email Address: _____ Phone Number: _____

Requestor's eID: _____ Requestor's V Number: _____

Requestor's Signature: _____

Justification for Camera Monitoring Access:

Department Approval (Must be Department Dean or Vice President)

Department Head Name: _____

Department Head Signature: _____

Email completed form to: cpcamrequest@vcu.edu

VCUPD/IT Only

Date Received by VCUPD: _____ LDAP Group Requested: _____

VCUPD Approver Name: _____ VCUPD Approver Signature: _____

Date Forwarded to IT: _____ Date Entered by IT: _____