



CAMERA REQUEST FORM

Date: _____

Requestor's Information

Name: _____

Department: _____

VCU Email Address: _____ Phone Number: _____

VCU Camera Use Policy Reviewed: YES NO

By submitting this document, the requestor acknowledges review of the Virginia Commonwealth University's Camera Use Policy and agrees to abide by all contents of the policy.

Camera Request Information

Based on Virginia Commonwealth University's Camera Use Policy the requested camera is:

Security Related Research Related

Building: _____ Floor: _____

Proposed camera(s) location(s): _____

Justification for camera: _____

Department Approval (Must be Department Dean or Vice President)

Department Head Name: _____

Department Head Email address: _____

By submitting this document, the Requestor acknowledges receiving the Department Head's authorization to have a camera assessment conducted by VCUPD/VCU Network Services.

Email completed form to: cpcamrequest@vcu.edu

VCUPD/IT Only

Date Form Received by VCUPD: _____ Date Forwarded to IT: _____

Date Site Walk Scheduled: _____