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: ______________________

Revised: 05-14-2019