Video Surveillance Access Request Form

# Instructions

Please fill out all fields in the form below. Incomplete request forms will not be processed. Attach the completed form to an email addressed to [UPDVideoAccessApproval@SHSU.EDU](mailto:UPDVideoAccessApproval@SHSU.EDU).

# Requestor Information

Full Name: Click here to enter text. SHSU Username: Click here to enter text.

Department: Click here to enter text. Department Head Username: Click here to enter text.

Node Name: Click here to enter text. Access Type: Choose an item.

**I have read and agree to the University Police Department’s Video Surveillance Policy.**

Reason for Camera Request: Click here to enter text.

# Camera Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Building / Location**  **(ex. AB1, Garage, STAF)** | **Floor**  **(ex. 1st, 2nd, All)** | **Room(s) / Area(s)**  **(ex. 147, Exterior, Elevator, All)** | **Pan/Tilt/Zoom Control**  **(If Available)** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |
| Building / Location | Floor | Room(s) / Area(s) | **Yes** |