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.

# 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

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| --- | --- | --- | --- |
| **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** |
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