

Electronic Safety and Security Project Request

Building: _____

Location (room, site description, etc.): _____

Reason for request: _____

Number of cameras: _____

Number of electronically controlled doors: _____

Name of Departmental video system user: _____

Phone number: _____

Email: _____

The request and approval of an Electronic Safety and Security project guarantees that the installation and use of this equipment is and will remain consistent with the University Electronic Safety and Security policy.

Departmental requestor: _____ **Date:** _____

Departmental approval: _____ **Date:** _____

Please note: Completion of confidentiality statements by those with access to the system and recordings is required by policy prior to system access.

Approval by Security, Video Management and Access Control Committee:

Date: _____