

CHATTANOOGA STATE COMMUNITY COLLEGE
SECURITY CAMERA FOOTAGE / ACCESS REQUEST

PART 1: REQUESTOR

Requestor is: Faculty Staff Other: Please Indicate _____
Full Name: _____ Date of Request: _____
Email: _____ Phone: _____
Department: _____

PART 2: TYPE OF ACCESS REQUESTED

Footage Live Access

PART 3: SECURITY CAMERA FOOTAGE REQUEST (Indicate Building(s), Room Number(s), or Specific Camera(s))

Location of Camera(s): _____
Date and Time of Video: _____
Reason for Request: _____

PART 4: SECURITY CAMERA LIVE ACCESS REQUEST (Indicate Building(s), Room Number(s), or Specific Camera(s))

Location of Camera(s): _____
Reason for Request: _____

PART 5: REQUESTING AUTHORITY APPROVALS

Requestor Signature _____

I agree to operate the video surveillance system consistent with the Chattanooga State Camera Policy
If your duties or position change, you and/or your direct supervisor are required to
notify the Campus Chief of Police to have your access changed/terminated

Dean / Department Head Signature _____

Vice-President Signature _____

FOR OFFICE USE ONLY

PART 6: AUTHORIZATION

Approved

Declined (Justification): _____

Campus Chief of Police or Designee

Date

Executive Director of Plant Operations or Designee

Date