

UNC CHARLOTTE SECURITY CAMERA INSTALLATION/MODIFY REQUEST FORM

Date of Request: _____

REQUESTING UNIT INFORMATION

DEPARTMENT: _____

CONTACT NAME: _____

CAMPUS PHONE: _____ EMAIL: _____

SECURITY CAMERA INFORMATION

PROPOSED LOCATION(S) OF EQUIPMENT/NATURE OF MODIFICATION: _____

REASON FOR REQUEST: _____

COST ESTIMATE/FUNDING SOURCE FOR PURCHASE AND MAINTENANCE:

APPROVALS

Vice Chancellor of Requesting Unit	Security Camera Coordinator (SCC)	Associate Vice Chancellor for Risk Management, Safety and Security (AVC, RMSS)
<p>I approve this request for the installation/Modification of security cameras in my unit.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p>	<p><input type="checkbox"/> This request has been recommended for approval by the Security Camera Oversight Committee (SCOC).</p> <p><input type="checkbox"/> This request has NOT been recommended for approval by the SCOC, and written justification is attached.</p> <p>_____</p> <p>Signature of SCC</p> <p>_____</p> <p>Date</p>	<p><input type="checkbox"/> I approve this request for the installation/ Modification of security cameras.</p> <p><input type="checkbox"/> I do NOT approve this request for the installation/ Modification of security cameras.</p> <p>_____</p> <p>Signature of AVC, RMSS</p> <p>_____</p> <p>Date</p>

SUBMIT COMPLETED FORM TO:
PPS Camera Coordinator: pps-cameracoordinator@uncc.edu