

UNC CHARLOTTE VIDEO SECURITY OPERATOR ACCESS REQUEST FORM

Date of Request: _____

REQUESTING UNIT INFORMATION

DEPARTMENT: _____

CONTACT NAME: _____

CAMPUS PHONE: _____ EMAIL: _____

SECURITY CAMERA INFORMATION

PERSON NEEDING ACCESS: _____ NINERNET: _____

PROPOSED LOCATION(S) FOR SECURITY OPERATOR ACCESS:

REASON FOR REQUEST: _____

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 Security Operator Access</p> <p>_____ Signature</p> <p>_____ Printed Name</p> <p>_____ Title</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>_____ Signature of SCC</p> <p>_____ Date</p>	<p><input type="checkbox"/> I approve this request for the Security Operator Access.</p> <p><input type="checkbox"/> I do NOT approve this request for the Security Operator Access.</p> <p>_____ Signature of AVC, RMSS</p> <p>_____ Date</p>

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