

Youngstown STATE UNIVERSITY

Police Department

Request for Access to University CCTV System

Name (Last, First, MI): _____ Email: _____

Phone: _____ Banner ID: _____ Department: _____ Live View Playback

Add new user Change existing user | Status | Permanent access Temp access to end _____

Building(s) and room(s) the camera(s) is/are located.

Please explain your business need for access. Please be as specific as possible.

Confidentiality:

I understand that I cannot release any video or any information on the location of equipment contained in the Youngstown State University CCTV System under any circumstances. I also understand cannot allow individuals to view video who are not authorized or approved. (University Guidebook Policy 4010.02)

Password Protection:

I agree that I will not share my password with any individual. I further agree that I will report to University Police as soon as possible if I believe my password has been compromised or used without my permission. (University Guidebook Policy 4009.01)

Equipment:

I will not alter, add, or remove any equipment or data of the Youngstown State University CCTV System. I will report any damage, malfunction, or discrepancies to the University Police as soon as possible. (University Guidebook Policy 4009.01)

Use of System:

I understand that access to the Youngstown State University CCTV System is granted for the purpose of conducting official University business. (University Guidebook Policy 4017.01)

I further understand that failure to abide by these policies, any other University policy, or law may be cause to revoke my access to the Youngstown State University CCTV System and may be grounds for disciplinary action. I also understand that I am required to report any actions by others that I observe which I believe may represent violations of law or University Policy. I further acknowledge that any costs associated with additional equipment, software, or licensing will be responsibility of my department.

Applicant Signature: _____ **Date:** _____

Immediate Supervisor Sig. _____ **Date:** _____

Dept. Head Signature: _____ **Date:** _____

When completed, please forward this form to the Chief of University Police

FOR POLICE USE ONLY

Approved Modified (Explain Below) Denied (Explain Below)

Chief of Police Sig. _____ **Date:** _____

FOR IT USE ONLY

Processed as requested Sent for review (see attached)

Name of Person Processing (Print): _____

Signature: _____ **Date:** _____