

# 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 or Designee of Requesting Unit	Security Camera Coordinator (SCC)	Associate Vice Chancellor for Safety and Security
<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, Safety &amp; Security</p> <p>_____</p> <p>Date</p>

**SUBMIT COMPLETED FORM TO:**  
**PPS Camera Coordinator:** [pps-cameracoordinator@uncc.edu](mailto:pps-cameracoordinator@uncc.edu)