

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 or Designee of Requesting Unit	Security Camera Coordinator (SCC)	Associate Vice Chancellor for Safety and Security
I approve this request for the Security Operator Access	<input type="checkbox"/> This request has been recommended for approval by the Security Camera Oversight Committee (SCOC).	<input type="checkbox"/> I approve this request for the Security Operator Access.
_____ Signature	<input type="checkbox"/> This request has NOT been recommended for approval by the SCOC, and written justification is attached.	<input type="checkbox"/> I do NOT approve this request for the Security Operator Access.
_____ Printed Name	_____ Signature of SCC	_____ Signature of AVC, Safety and Security
_____ Title	_____ Date	_____ Date
_____ Date		

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