Use of Surveillance Cameras

Purpose:

Exact Location:

Beginning Date:

Ending Date:

Requested by: _____ **Date** _____

Typed Name

Title

Approved by: _____ **Date** _____

Typed Name

Title

Approved by _____ **Date** _____

Dean, Division of Student Affairs

Copy to Associate Dean of Student Affairs and Director of Housing & Residence Life
Director of Public Safety

Print Form Clear Form