



SECURITY CAMERA VIEWING REQUEST FORM

Requests to review recordings from security cameras that are on the property of Mississippi University for Women must be approved by the Chief of the W Police Department. Completion of this form is only an application for request and does not constitute approval to view recordings. You will be notified in writing that your request has been either approved or denied.

Form with fields: Name of Individual Requesting, Email Address of Individual, Department of Individual, Recording Requested Date, Recording Requested Timeframe (AM/PM)

REASON FOR REQUESTING RECORDING

- Crimes Activity
Student Code of Conduct Violation
Missing Property
Other

BRIEF DESCRIPTION OF REASON RECORDING IS NEEDED:

Three horizontal lines for text entry.

By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. Submission of false information could subject me to disciplinary action by Mississippi University for Women.

Signature of Requesting Individual

Date

Table with 4 columns: Signature, Date, APPROVED, DENIED. Rows for Dean or Director, Cabinet Member, ITS Reviewer, and MUWPD Reviewer.