



## Video Camera Access Authorization Form

Complete form and return to:  
LUPD, Technology Center (TC) Room 114B

### Requestor Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
ID Number \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
  
Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Department Chair \_\_\_\_\_  
Department Chair Email \_\_\_\_\_  
Department Chair Phone \_\_\_\_\_

### Access Request

Begin Access On \_\_\_\_\_ End Access On \_\_\_\_\_  
Camera(s) Location(s) \_\_\_\_\_  
\_\_\_\_\_

Justification for Access \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

=====

**Access Granted**

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**Access Denied**

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Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

Reason Denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_