



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

Access Denied

Chief of Police _____ Date _____

Reason Denied: _____

