Video Surveillance Request Form

Pursuant to University Operating Procedure and Policy, and to ensure compliance with applicable law, all video surveillance on the property of the University of Vermont or on properties rented, leased, or otherwise occupied by the University of Vermont, must be approved by the Vice President for University Relations Administration, or their designee, prior to any installation, modification or change. Completion of this form is only an application and does not constitute approval for any installation, modification or change. You will be notified in writing at such time that this application is either approved or denied.

Requesting Department: ____________________________________________

System Owner/Dept. Contact: __________________________ Phone: __________

Purpose: (check all that apply)

☐ Crime Deterrence ☐ Monitoring of Restricted Area
☐ Investigation of Criminal Activity ☐ Other: __________________________

Surveillance Type:

☐ CATcard Operated Camera with Recorded Access Only
☐ CATcard Operated Camera with Recorded and Live Monitoring Access
☐ Exception Camera: __________________________

Duration:

☐ Indefinite ☐ Temporary: _________ to _________

Number of Cameras to be Installed or Modified*: _______

*Please attach a detailed description of the exact location(s) of the requested surveillance camera(s) to be installed or modified, the viewing area of each camera, the classes of individuals with access to that area (i.e. students, faculty, staff, contractors, general public), the parties requesting live monitoring or recorded access (if applicable), how notice of surveillance will be provided, and how such installation corresponds to the purpose(s) identified above.

Vice President, Dean or Director __________________________ Date __________

FOR OFFICE USE ONLY:

The proposed camera types and locations described above have been reviewed under the terms of the UVM Video Surveillance Operating Procedure and are:

_____ Approved _____ Denied

VP University Relations & Administration (or Designee) ____________

Date: ________________