



VIDEO SURVEILLANCE INSTALLATION 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 prior to any installation, modification, or change. Installation, modification, or change of any video surveillance equipment without prior approval is prohibited. You will be notified in writing at such time that this application is either approved or denied and you are required to retain this approval for the life of the equipment.

CONTACT INFORMATION

Requesting Department: _____

Today's Date: _____

System Owner/Department Contact: _____

Title: _____

Email: _____

Phone: _____

BACKGROUND INFORMATION

1. PURPOSE (Check all that apply):

<input type="checkbox"/> Crime Deterrence	<input type="checkbox"/> Deter Academic Integrity Violations
<input type="checkbox"/> Investigation of Criminal Activity	<input type="checkbox"/> Monitoring of Restricted Area
<input type="checkbox"/> Other (specify): _____	

2. SURVEILLANCE TYPE:

<input type="checkbox"/> Closed Circuit Camera with Recorded Access Only
<input type="checkbox"/> Closed Circuit Camera with Recorded and Live Monitoring Access
<input type="checkbox"/> Exception Camera (specify): _____
<input type="checkbox"/> Live Web-Cam Feed

3. DURATION:

<input type="checkbox"/> Indefinite
<input type="checkbox"/> Temporary: Date From: _____ To: _____

4. NUMBER OF CAMERAS TO BE INSTALLED, MODIFIED, OR CHANGED: _____



DESCRIPTION OF EQUIPMENT

5. EXACT LOCATION(S) OF THE REQUESTED SURVEILLANCE CAMERA(S) (attach a separate sheet if necessary):

[Empty text box for camera location]

6. VIEWING AREA(S) OF EACH CAMERA (attach a separate sheet if necessary):

[Empty text box for viewing area]

7. CLASSES OF INDIVIDUALS WITH ACCESS TO THE VIEWING AREA(S) SPECIFIED ABOVE:

<input type="checkbox"/> Students	<input type="checkbox"/> Faculty
<input type="checkbox"/> Staff	<input type="checkbox"/> Affiliates
<input type="checkbox"/> General Public	<input type="checkbox"/> Contractors/Vendors
<input type="checkbox"/> Other (specify): _____	

8. WHO IS REQUESTING LIVE MONITORING OR RECORDED ACCESS (if applicable):

[Empty text box for requester information]

9. HOW ARE YOU PROVIDING NOTICE OF SURVEILLANCE?

<input type="checkbox"/> Signage	<input type="checkbox"/> Letter/Email
<input type="checkbox"/> Sticker	<input type="checkbox"/> Other (specify): _____

10. HOW DOES THIS REQUEST CORRESPOND TO THE PURPOSE(S) IDENTIFIED ABOVE? (Explain how the equipment will reduce or eliminate the risk.)

[Empty text box for response to question 10]

11. ANY OTHER ADDITIONAL INFORMATION THAT MAY BE RELEVANT TO THIS REQUEST:

[Empty text box for additional information]

REQUIRED APPROVALS

Vice President, Vice Provost, Chief Officer, Dean, or Director Signature

Date



CHARTSTRING (please enter both)

Installation:

PS ACCOUNT	OPERATING DEPT. FUND SOURCE UNIT	FUNCTION	PC BUSINESS UNIT	PROJECT	ACTIVITY	PROGRAM	PURPOSE	PROPERTY

Annual Maintenance:

PS ACCOUNT	OPERATING DEPT. FUND SOURCE UNIT	FUNCTION	PC BUSINESS UNIT	PROJECT	ACTIVITY	PROGRAM	PURPOSE	PROPERTY

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

Chief Safety & Compliance Officer (or Designee) Printed Name & Title

Chief Safety & Compliance Officer (or Designee) Signature

Date

ITEM DESCRIPTION, PART NUMBER AND NOTES:

(To be filled out by CATcard Tech)

If more room is needed, attach a separate sheet.