

**UNC CHARLOTTE  
SECURITY CAMERA VIDEO REVIEW/RELEASE REQUEST FORM**

Date of Request: \_\_\_\_\_

**REQUESTING UNIT INFORMATION**

DEPARTMENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECURITY CAMERA VIDEO INFORMATION**

LOCATION(S) OF CAMERA(S): \_\_\_\_\_  
\_\_\_\_\_

DATE AND TIME OF VIDEO: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVALS**

| Requesting Individual   | Chief of Police or Designee  |
|---|--|
| <p>I have read and understand University Policy 715, Security Cameras (the "Policy"). I agree that my viewing or other use of this footage is for University purposes only. I further agree not to permit anyone outside my department, including students, contractors, and other third parties, to view or otherwise have access to this footage. If I have questions about the appropriate use of this footage, I agree to ask the Security Camera Coordinator, who may consult with Legal Affairs.</p> <p>_____<br/>Signature Printed</p> <p>_____<br/>Name Title</p> <p>_____<br/>Department</p> <p>_____<br/>Date</p> | <p><input type="checkbox"/> I approve this request for the review/release of security camera video.</p> <p><input type="checkbox"/> I do NOT approve this request for the review/release of security camera video, and written justification is attached.</p> <p>_____<br/>Signature Printed</p> <p>_____<br/>Name Title</p> <p>_____<br/>Date</p> |

**SUBMIT COMPLETED FORM TO:**  
**PPS Camera Coordinator: [pps-cameracoordinator@unc.edu](mailto:pps-cameracoordinator@unc.edu)**