

Video Surveillance System Project Request

Project Name: _____

Location (building, room, site description, etc.): _____

Number/type of cameras: _____

Reason for request: _____

Departmental video system user name: _____

Phone: _____

Email: _____

Project MFK: _____

Monthly camera charge MFK: _____

Monthly data service MFK: _____

The request and approval of a Video Surveillance System Project also serves as documentation of the approval and commitment to pay any and all expenses related to the installation and maintenance of all equipment, including any monthly charges to support the technology. The request and approval of a Video Surveillance System also guarantees that the installation and use of this equipment is and will remain consistent with the University Video Surveillance Policy (see <https://opsmanual.uiowa.edu/administrative-financial-and-facilities-policies/video-surveillance>). Violations may result in the immediate removal of equipment and/or violators, and/or disciplinary action under applicable University policies.

Departmental Requestor: _____ **Date** _____

Departmental Approval: _____ **Date** _____

Please note: Consultation with the Departments of Public Safety, University Human Resources, and the Information Security and Privacy Officer in Information Technology Services is required by policy prior to final approval, as is the completion of confidentiality statements by those with access to the system and recordings.

VP/Provost Approval: _____ **Date** _____

Send completed form to DPS-AccessServices@uiowa.edu