

## Covert Camera Installation Approval Form

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Dean/Director/Chair: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (name)  
\_\_\_\_\_ (email)  
\_\_\_\_\_ (phone)

Each camera request must be listed separately for individual evaluation. Please indicate the specific location and purpose for each request:

Location Camera # 1:     <blg> <floor> <area> <rm#>

Purpose: Prohibited Behaviour:     \_\_\_\_\_  
       Personal Safety:             \_\_\_\_\_

Installation Date: \_\_\_\_\_                      Removal Date: \_\_\_\_\_

Reason for request and supporting documentation (please attach if needed):

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Approved by:

\_\_\_\_\_  
Director Campus Community Police:     (dd/mm/yy)

\_\_\_\_\_  
VP Finance, Admin & Risk :             (dd/mm/yy)