



REQUEST FOR INSTALLATION OF VIDEO SECURITY SYSTEM (VSS)

Pursuant to University Operating Procedure and Policy and to ensure compliance with applicable law, all video security systems (VSS) 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 VSS 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:
SYSTEM OWNER/DEPARTMENT CONTACT:
EMAIL:

TODAY'S DATE:
TITLE:
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:

- CLOSE CIRCUIT CAMERA WITH RECORDED ACCESS ONLY
- CLOSED CIRCUIT CAMERA WITH RECORDED AND LIVE MONITORING ACCESS
- EXCEPTION CAMERA (SPECIFY):
- LIVE WEB-CAM FEED

3. DURATION

- INDEFINITE
- TEMPORARY: Date From: _____ To: _____

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

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

6. VIEWING AREAS OF EACH CAMERA (Attached separate sheet if necessary):

7. CLASSES OF INDIVIDUALS WITH ACCESS TO 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)?

9. HOW ARE YOU PROVIDING NOTICE OF THE VIDEO SECURITY SYSTEM?

- | | |
|----------------------------------|---|
| <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.)

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

REQUIRED APPROVALS

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

Date

CHARTSTRING

INSTALLATION:

OPER UNIT	DEPT	FUND	SOURCE	FUNCTION	PCBUSINESS UNIT	PROJECT	ACTIVITY	PROGRAM	PURPOSE	PROPERTY

ANNUAL MAINTENANCE

OPER UNIT	DEPT	FUND	SOURCE	FUNCTION	PCBUSINESS 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 Security 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)