Request for Video/Camera System Access

Type of Access: Full: Live, Browse, Export   Browse: Live, Browse   Live Only

[Browse - Look back in time] [Export - Export and save video (A request is needed through CSUPD or Student Resolution Center or Office of Support and Safety Assessment or Office of Equal Opportunity or Office of General Counsel or Human Resources)]

Individual Requesting Access:

Email:

CSUID: Date of Birth:

Telephone Number: Date:

Department/Department Head:

Camera Building(s)/Location(s):

Camera Room(s):

Specific Reason for Camera Access (Example: CSUPD Officer, Training Video Download)

Responsibilities/Requirements: The Security Technology Committee (STC) policy states that "The STC's responsibilities shall include: To make recommendations as to whether specific electronic security devices and equipment should be locally controlled and accessed, remotely controlled and access by connection to the University's central surveillance system, or both. Storage, Retention and Access to Recorded Data:
Access to stored data shall be strictly limited to University employees who have a legitimate business need. Campus units shall identify the persons within the unit who have a recurring, legitimate business need to access real-time or stored electronic security system data and shall provide names and positions to the STC. Persons not identified for such purposes shall not be permitted access without the express, prior, written approval of the STC Chair. Surveillance Equipment Operators: Surveillance equipment operators must be trained and supervised in the responsible use of surveillance technology, including the technical, legal, and ethical parameters of such use. The STC will be responsible for providing or arranging for this training.
Signing below acknowledges that the requestor has received and read the University Video Policy and agrees to comply as stated. The requestor also acknowledges and agrees to complete the Two Year Renewal Access form and routine background checks.

Requestor's Signature: _____
Send a copy to the Security Technology Committee by emailing the signed form to franke.johnson@colostate.edu

☐   Security Technology Committee (STC) Approved

☐   Security Technology Committee (STC) Disapproved

Authorized Signature (STC Representative): _____   Review Date: _____