

Access Request Form – CCTV

Name	
Department	
Mob. No.	
Email ID	

<u>Details of footage sought:</u>			
Date		Time:	
Location			
Reason			

Signature of the Applicant.

Signature of the HOD/Course Director.

Signature of the HOD-IT.

<u>Action Taken by IT Team</u>	<u>Signature with Date</u>