



Request for Security Surveillance System

Instructions: Complete this form to request approval to purchase a security surveillance system for any university location. Print and sign the completed form and forward up the administrative line to the appropriate vice president.

Departments are responsible for compliance with Southeastern's [Campus Camera Policy](#).

1. Describe surveillance device(s) being requested. (Please provide as much information as possible on product specification. Attach any support or additional documentation):

2. Provide the proposed location of surveillance device(s) and area to be monitored:

3. Describe the reason for the proposed installation:

4. Indicate all persons who will have access to the system

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

5. Budget Unit Name: _____ Budget Unit Number: _____

Include the Budget Unit that will pay for the purchase and ongoing maintenance? Provide the estimated initial cost and any recurring costs such as maintenance or licensing.

6. Requesting Department/Organization Contact Information

Requested By: _____	_____	_____
Name	Job Title	Date
Contact Phone Number: _____	Email: _____	
Budget Unit Name: _____	Box #: SLU _____	
Budget Unit Head Name: _____	Email: _____	

Approvals

_____	_____	_____	_____
Budget Unit Head	Date	Department Head	Date
_____	_____	_____	_____
Dean/AVP	Date	Vice President	Date

Completed Form should be routed to the University Police Department.

ATTN: Director, University Police
Phone: 2222 Fax: 3398

Campus Mail: SLU 10780
Email: Police@southeastern.edu