



SECURITY CAMERA REVIEW/RELEASE REQUEST FORM

North Carolina Central University

Name: _____	Department: _____	Phone/Email: _____
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SECTION A. Security Camera Video Information

Location(s) of Camera(s):

Date and Time of Video:

Reason for Request:

SECTION B. Requesting Individual

I confirm that: (1) I have read and understand the NCCU Security Cameras Regulation; and (2) I agree that my use of any video released pursuant to this request will be used strictly in accordance with the terms of the Regulation.

Signature

Printed Name

Date

SECTION C. Chief of Police

- I approve this request for the review/release of security camera video.
 I do NOT approve this request for the review/release of security camera video, and written justification is attached.

Signature

Printed Name

Date

Instructions for completing and submitting this form:

- The form must be fully completed and signed. Records cannot be released if any section of this form is not filled out entirely.
- Forms can be provided in person to this address:

**North Carolina Central University
Police Department
2010 Fayetteville Street
Police and Public Safety Building
Durham, NC 27707**
- Completed forms should be submitted to the NCCU Police Department via email at videorelease@nccu.edu.
- You will be notified within 30 days of whether your request has been accepted.

Records will be released pursuant to the terms of the NCCU Security Cameras Regulation and North Carolina law.