

The University of Akron Police Department Request for Security Camera System Access



First Name:	Last Name:	UANET ID:
Extension:		
Office Location:	Department:	
Action Requested:		
☐ Add access rights	☐ Remove access rights	☐ Change existing access rights
Reasoning for access:		
Cameras Requested:		
Confidentiality:		
I understand that the data contained in the University of Akron Surveillance System must be held in strict confidence and must not be shared with any individual or group of individuals – on/and or off campus – who do not have an express business reason to receive such data.		
Password Protection:		
I agree that I will never share my password with any individual. I further agree that I will report to The University of Akron Police Department as soon as possible if I believe my password has been compromised or used without my permission.		
I understand that access to The University of All rules may be cause to revoke my acceptounds for disciplinary action. Final that I observe which I believe may re	kron business. I further unders ess to The University of Akron S ly, I understand that I am requi	tand that failure to abide by these Security Camera System and may be
User Signature:	Dat	te:
	Dat	te:
Name and Title of Supervisor (print)		
Supervisor comments:		
Completed forms should be submitted	ed to:	
The University of Akron Police Depar Akron, Ohio 44325-0402	tment	

The video images are considered security records under section 149.433 of the Revised Code, because they are used to protect and maintain the security of the university. A record kept by a public office that is a security record is not a public record under section 149.43 of the Revised Code and is not subject to mandatory release or disclosure under that section. Any record requests, including subpoenas, will be directed to the office of general counsel for a response.

Signed, scanned forms can be sent via email to: uapd@uakron.edu