



### SECURITY CAMERA VIEWING REQUEST FORM

Requests to review recordings from security cameras that are on the property of Lamar Institute of Technology, Lamar State College Orange, or Lamar State College Port Arthur must be approved by the Director of Safety from each campus. Completion of this form is only an application for request and does not constitute approval to view recordings. The requestor will be notified in writing that a request has been either approved or denied.

REQUESTING INDIVIDUAL INFORMATION		
Name of Individual Requesting: _____		
Email Address of Individual: _____		
Department of Individual: _____		
Recording Requested Date: _____		
Recording Requested Timeframe: _____	AM	PM

#### REASON FOR REQUESTING RECORDING

- Criminal Activity
- Student Code of Conduct Violation
- Missing Property
- Other \_\_\_\_\_

#### BRIEF DESCRIPTION OF REASON RECORDING IS NEEDED:

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By signing this document, I certify that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Requesting Individual

\_\_\_\_\_  
Date