

Security Camera System Access Request Form

First Name: _____ Last Name: _____ Middle Initial: _____

Extension: _____

Office Location: _____ Department: _____

Date of Hire: _____

Action requested:

-
- Add access rights
-
- Delete access rights
-
- Change existing access rights

Job Title:

_____Description of Security Duties:

Access Levels Requested

-
- Standard Department Access: This is generally for full time-staff whose usage of the system will reflect the security level set up for the department that they will work in.
-
-
- Special Access: To gain special access the person needs approval from the department manager along with an explanation of duties that require special access.
-
-
- Temporary Employee Access: This access level needs approval from the department manager to be put into a set department group.
-
-
- Other: _____

Understanding of User Responsibility:**Confidentiality:**

I understand that the data contained in the Claremont McKenna Security Camera 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 ITS as soon as possible if I believe my password has been compromised or used without my permission.

Conclusion:

I understand that access to the Claremont McKenna Security Camera System is granted for the purpose of conducting official CMC business. I further understand that failure to abide by these rules is serious, may be cause to revoke my access to the Claremont McKenna Security Cameras and may be grounds for disciplinary action. Finally, I understand that I am required to report any actions by others that I observe which I believe may represent security violations.

User Signature: _____

Date: _____

Name of Supervisor (print)

Date

Supervisor's Signature: (or attach proof of approval)

Supervisor Comments: _____

Treasurer's Signature

Date

VP of Student Affairs Signature

Date

Completed forms should be submitted to:

**ITS Information Systems and Network Services
Attn. Jeremy Whaley
Center Court, Modular A-3**

ITS Comments	Date Completed
Documentation received:	_____
Access Request received:	_____
Request Denied:	_____