

Police Department
1101 Cumberland Avenue
Knoxville, TN 37996
Phone: (865) 974-3114
Fax: (865) 974-4072
utpolice@utk.edu



REQUEST FOR SECURITY CAMERA ACCESS

Faculty/Staff Making Request

Full Name:

Department:

Email:

Phone:

NetID:

If your duties or position change, you and/or your direct supervisor are required to notify physicalsecurity@utk.edu to have your access changed/terminated

Add

OR

Delete

User level:

View Only

Standard User

Power User

I agree to operate the video surveillance system consistent with the [Acceptable Use Policy](#)

Building(s), Room Number(s), or Specific Camera(s):

Purpose of Camera Access:

Requester Signature (Required)

Date

FOR OFFICE USE ONLY

Approved

Declined

Director of Physical Security or Designee

Date