

Physical Security
1101 Cumberland Avenue
Knoxville, TN 37996
Phone: (865) 974-5097
Fax: (865) 974-4072
PhysicalSecurity@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 the Director of Physical Security to have your access changed/terminated.

Add OR Delete
User level: View Only Standard User Power User

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

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

Purpose of Camera Access:

Requester Signature

Date

FOR OFFICE USE ONLY

Approved Declined

Director of Physical Security

Date