



VIDEO MANAGEMENT SOFTWARE (VMS) REQUEST FORM

Requests to access Video Management Software (VMS) for security cameras that are the property of the University of West Georgia approval must be granted by the University Police Department. Completion of this form is only an application for request and does not constitute approval.

Instructions for completing and submitting this form:

1. The form must be fully completed and signed.
2. Email the form to UPD Access Control at access@westga.edu.
3. You will be notified within 30 days of whether your request has been accepted or denied.

Access will be granted pursuant to Georgia law and UWG PL #7009 Access Control and Security Systems Administration.

REQUESTING INDIVIDUAL INFORMATION
Name:
Title:
Department:
Email:
UWG ID# (917):
Location(s) of Camera(s):

BRIEF DESCRIPTION OF THE VMS ACCESS NEEDED:

By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. I further agree to never allow any other individual to use my profile credentials to access the video management software.

Submission of false information or misuse of the video management software may lead to revocation of VMS access and may subject me to disciplinary action by the University of West Georgia.

Signature of Requesting Individual _____
Date

SECTION: CHIEF OF POLICE OR DESIGNEE

- I **approve** this request for access/viewing security camera footage in the Video Management Software (VMS).
- I **do NOT** approve this request to access the security camera video, and a written justification is attached.

Justification of Denial:

Printed Name

Signature _____
Date