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**Security Camera System Access and Compliance Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action requested:

\_\_\_\_\_Add access rights \_\_\_\_\_Delete access rights \_\_\_\_\_Change existing access rights

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access Levels Requested:

\_\_\_\_\_Standard Department Access: This is generally for full time-staff whose usage of the system will reflect the security level designed for their assigned department.

\_\_\_\_\_ Special Access: To gain special access, an employee requires approval from their department director, assistant director, dean, or associate dean, along with an explanation of duties that require special access.

\_\_\_\_\_Temporary Employee Access: This access level requires approval from their department director, assistant director, dean, or associate dean, to be placed into a specific department group.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning and end date.

**Understanding of User Responsibility**

Confidentiality

I understand that the material contained in the Empire State University 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 – without prior authorization from the Office of Safety & Security.

Password Protection

I agree that I will not share my password with any individual. I further agree that I will immediately report to the Office of Safety & Security if I have credible information that my password has been compromised or used without my permission.

Conclusion

I understand that access to the Empire State University Security Camera System is granted for the purpose of conducting official SUNY Empire business. I further understand that failure to comply with the rules outlined in the *Camera Use Policy* may result in revocation of my access to the Empire State University Security Camera System and may be grounds for disciplinary action. Finally, I understand that I am required to immediately notify Safety & Security of any actions by others which I believe may represent any of the violations outlined in the *Camera Use Policy.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I attest the above named employee is participating in the following tasks and responsibilities that require the access to the camera system to accomplish.

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Name of department director, assistant director, Signature and Date

dean, or associate dean (Print)

Approved: € Denied € Access will expire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Director of Safety & Security (Print) Signature and Date

**Completed forms shall be submitted to:** Office of Safety & Security

 2 Union Ave.

 Saratoga Springs, NY 12866