PS-02.5 Form: Request for Operator Access to Surveillance Systems

Video and electronic surveillance systems shall be installed and operated by a limited number of authorized operators. Such authorization is based upon two criteria: (1) approval from the Designated Campus Authority (DCA) and (2) passing the operator quiz. The Designated Campus Authority will review, consider and approve requests for *operator* access to surveillance systems. Actual camera access will not be granted, however, until the operator passes the operator quiz. Once operator access has been approved by the DCA, Operators will be given additional instruction regarding the Operator Quiz.

This form must be completed and submitted to the Designated Campus Authority. Approval, if granted, will be pending until a passing score is achieved on the operator quiz. Approval must be received and the operator quiz must be passed prior to an operator being given access to a surveillance system. All requests for operator access must demonstrate a legitimate need for such access consistent with the purposes of "PS-02 Policy: Video and Electronic Surveillance."

perator: (individual requesting operator	access)	
Name:	Date:	
Email Address:		
Position/Title:		
Signature:		
Operator's Supervisor: (individual appr	Data	
Email Address:	Phone Number:	
Position/Title:	Campus Unit/Dept:	
Signature:		

1.	Туј	pe of access being requested for operator? (check all that apply)
		access to monitored or recorded images
		computer system administrator
		surveillance software administrator
		surveillance installation technician
		other (please describe):
2.	Ple	ease describe the purpose and justification for providing operator access.
3.	Ple	ase describe how the surveillance information will be reviewed and/or used.
4.	PΙε	ase use Table PS-02.5A at the bottom of this form to identify all cameras/systems/devices to which $$ the

4. Please use Table PS-02.5A at the bottom of this form to identify all cameras/systems/devices to which the operator is requesting access. Also, every camera or camera system must have a completed Form PS-02.4 on file with the DCA. Please use Table PS-02.5A to identify those cameras for which a PS-02.4 Form has been submitted.

Table PS-02.5A

Please use the chart below to provide a list of systems, cameras, or devices this Operator should be granted access to. Refer to each device by its camera name/number as noted in the Milestone video system.

Also, please indicate "yes" or "no" in the PS-02.4 column below whether a PS-02.4 Form has or has not been submitted for the cameras listed. If a PS-02.4 Form has not been submitted for the cameras or systems listed, please do so. This will aid in bringing these cameras/system into compliance with Policy PS-02 Video and Electronic Surveillance.

Camera Name	PS-02.4	Camera Name	PS-02.4	Camera Name	PS-02.4

	have read and understand PS-02 Policy: Video and	d Electronic Surveillance;
	will comply with applicable law and policy PS-02;	
	have been trained on the technical, legal, and eth	ical use of surveillance systems;
	will perform my duties in accordance with policy F	PS-02;
	will access surveillance information only to the ex	tent permitted by policy PS-02;
	will NOT monitor individuals based on characteris	tics of race, gender, ethnicity, sexual orientation, or disability;
	will NOT monitor intimate behavior;	
	will NOT view or record the interior of residential	rooms through windows, doors, or other means;
	·	urveillance information except as specifically permitted by policy PS-02;
		video and electronic surveillance system or surveillance information in any d/or outside the scope of the usage approved by the designated campus
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By signing, I agree that I (all boxes must be checked):

Related Information:

Southeast: dca-l@ius.edu

PS-02 Policy - Video and Electronic Surveillance: http://policies.iu.edu/policies/categories/administration-operations/public-safety-institutional-assurance/PS-02.shtml