

## PS-02.7 Form: Request to Release Surveillance Information

The designated campus authority shall receive, document, and store each request for and approval of the release of surveillance information, and ensure that such requests are managed in an efficient and effective manner. This release may only occur as outlined in "PS-02 Policy - Video and Electronic Surveillance". Surveillance information shall be destroyed in a secure manner as soon as it is no longer needed for the purpose for which it was provided, and its destruction shall be reported to the designated campus authority and documented.

This form should only be used to request the release of surveillance information to non-operators. "PS-02.5 Form - Request for Operator Access to Surveillance Systems" should be used to provide routine, operator-level access to surveillance systems and information.

### Requestor: (individual requesting to release surveillance information to non-operators)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Campus Unit/Dept: \_\_\_\_\_  
Signature: \_\_\_\_\_

(By signing, requestor asserts installation and operation of the surveillance system shall comply with applicable law and policy PS-02)

### Your Name: (to be completed by the individual filling out this form, if different than Requestor information above)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Campus Unit/Dept: \_\_\_\_\_

1. What type of release are you requesting? *(check only one)*
  - internal *(request to release surveillance information to members of the university community)*
  - legal or external *(request to release surveillance information to non-university individuals, based on legal or other forms of external requests - can only be initiated by the Office of Vice President and General Counsel)*

2. Please provide the justification and reason for this release.

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

3. Please provide specific details (cameras, locations, date ranges, etc.) regarding which surveillance information to release.

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

4. For how long shall the surveillance information be preserved?

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

### Designated Campus Authority: (to be completed only by the Designated Campus Authority)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surveillance Information Destroyed on Date: \_\_\_\_\_

Notice of Destruction Received From: \_\_\_\_\_

Signature: \_\_\_\_\_

**Form Submission:**

Completed forms should be sent to the appropriate Designated Campus Authority:

IU Bloomington: [dca-l@indiana.edu](mailto:dca-l@indiana.edu)

IUPUI Indianapolis: [dca-l@iupui.edu](mailto:dca-l@iupui.edu)

IU East: [dca-l@iue.edu](mailto:dca-l@iue.edu)

IU Kokomo: [dca-l@iuk.edu](mailto:dca-l@iuk.edu)

IU Northwest: [dca-l@iun.edu](mailto:dca-l@iun.edu)

IU South Bend: [dca-l@iusb.edu](mailto:dca-l@iusb.edu)

IU Southeast: [dca-l@ius.edu](mailto:dca-l@ius.edu)

**Related Information:**

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

Securely Removing Data: <https://protect.iu.edu/online-safety/protect-data/data-removal.html>