

# VMS Access Authorization Form

Send completed form to [sschulz2@kennesaw.edu](mailto:sschulz2@kennesaw.edu)

*It is the responsibility of the requesting department head to provide oversight regarding the use of the video surveillance system by those personnel the requesting department head has designated for such access and use, and to update their authorization to access the VMS as the status of authorized personnel change (i.e. transfer, change in job responsibilities, separation from employment, etc.). If preferred, a designated point of contact may act with the department head's authority in requesting these changes, and in receiving VMS system notifications and yearly audits. All users are granted access to **all** department cameras unless otherwise instructed.*

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head:** \_\_\_\_\_

**Designated POC:** \_\_\_\_\_

*(Designee optional)*

## **Department VMS Users**

*If more users are needed, please send a second form*

<b>Name</b>	<b>NetID</b>	<b>Access Rights (Live/Archive/Export)</b>

**Department Head Signature:** \_\_\_\_\_

*(optional)* **Designee Signature:** \_\_\_\_\_