



St. Thomas College of Arts and Science

Affiliated to the University of Madras
Accredited by NAAC with 'A+' Grade
An ISO 21001 : 2018 Certified Institution
Koyambedu, Chennai - 600 107.



Access Request Form – CCTV

DATE:

REQUESTING INDIVIDUAL INFORMATION
Name of Individual Requesting: _____
Department / Shift: _____ / _____
Date of visual of the incident: _____
Requested Timeframe to be viewed: _____ AM/ PM

Please provide a brief description of the reason why the recording is needed:

By signing this document, I certify that all information provided is true and accurate to the best of my knowledge. Submission of false information could subject me to disciplinary action by St. Thomas College of Arts and Science.

Signature of Requesting Individual

Date

Note: Requests to review recordings from security cameras on the property of St. Thomas College of Arts and Science must be approved by the Principal and Dean of the college.

APPROVED BY

Signature of the Dean- College
Affairs & Chief IQAC Coordinator

Signature of the Principal