

Hospital Security Camera Approval Form

Request Information

Date of Request

Requesting Department

Requestor Name & Title

Camera Installation Details

Location/Area	Purpose	Number of Cameras

Justification for Installation

Privacy Considerations / Measures

IT & Security Review

IT Infrastructure/Technical Review

Security Review Comments

Approval

Requestor Signature

Date:

IT Department Approval

Date:

Security Department Approval

Date:

Administration Approval

Date: