

# University Campus Camera Installation Consent Form

To enhance the safety and security on our campus, cameras may be installed in certain areas. Please read the following information and provide your consent where applicable.

## Personal Information

Full Name

Email Address

Role / Position (e.g., Student, Staff)

Department

## Consent Details

☐ I have read and understood the information regarding the installation of security cameras on campus, and I consent to the recording and use of video surveillance footage for security purposes.

## Additional Comments (optional)

Date