

University of Santo Tomas-Legazpi

The Dominican University of Bicol



INFORMATION TECHNOLOGY CENTER

2/F St. Thomas Aquinas Bldg., Rawis Campus, Legazpi City 4500 Philippines
Trunklines: 736-0335 / 736-0358 / 736-0368 / 736-0479 local 312 • itc@aq.edu.ph

Form 6 CCTV Record Review Request Form

Requesting Party: _____

Department (if student or employee of AUL): _____

Address (if external client): _____

PLEASE CHECK REQUEST:

COPY OF CCTV RECORD

Video

Photo

REVIEW OF CCTV FOOTAGE

INCIDENT/ACTIVITY:

DATE/S: _____ TIME: _____

PLACE/AREA: _____

PURPOSE(S) OF REQUEST: _____

REMARKS (To be filled out by ITC personnel):

Request prepared by:

Noted by (if student or employee of AUL):

(Please print name and sign)

Head of Department
(Please print name and sign)

Endorsed for approval:

Approved:

Jesus B. Barizo, CSP
Director, Safety and Security Office

Virgilio S. Perdigon, Jr., MSME
Director, Information Technology Center

Date CCTV Record was released: _____

Released by: _____

Received by: _____