

Daffodil International University
CCTV Surveillance Control Room
Footage Request Form

Name of the Applicant	:	<input type="text"/>		
ID No. (If applicable)	:	<input type="text"/>		
Cell No.	:	<input type="text"/>		
Department / Organization	:	<input type="text"/>		
Footage Request Issue/Reason	:	<input type="text"/>		
Footage Period	:	Date	:	
		Start Time	:	End Time
Location / Camera	:			
Request Date	:			

I, the undersigned, would like to see / receive the above mentioned video footage under the following terms and conditions:

- I shall not use this footage for any ill motive or illegal action against the accused person or the university.
- I shall not upload it in any social or electronic media and I shall not publicize it in any place.

If I violate these conditions, university authorities may take any legal action against me.

Signature (Applicant)

Signature (Concern Head)

Approved by:

(Registrar)

Daffodil International University