CHAPMAN UNIVERSITY

Information Systems and Technology

Video Surveillance Work Request

SECTION 1 – TO BE COMPLETED BY DEPARTMENT REQUESTING WORK

Requested By: _____ Title: _____ Date: _____

Department: _____ Phone ext: _____

Building: _____ Location: _____

Scope of Work (Please explain reason for request):

_____

_____

_____

_____

_____

APPROVALS/AUTHORIZATION

Academic Unit Projects:

X _____ / / X _____ / /

Vice Chancellor/Dean Chancellor

Administrative Unit Projects:

X _____ / / X _____ / /

Director/ Vice President COO

NOTE: Submit this form to Shari Waters/CIO, Information Systems and Technology