



# Security Systems/CCSD Police Services

## CCTV Account Request Form

Please check which Client you wish authorized.

- Milestone       TruNav

All CCTV account requests should be directed to your site Administrator.  
Please bring your completed request form to your scheduled class.

**Last Name**

**First Name**

**Job Title**

**School or Department Name**

**Phone Number**

**Fax Number**

**Email Address**

*CCTV Video is the property of CCSD Police Services and the Security Systems Department. Archiving video is allowed by authorized personnel ONLY. Distribution of video to unauthorized personnel is a violation of District Acceptable Use Policy and is strictly prohibited; any misconduct will result in revoked access rights and Administrative Action.*

Once all fields have been filled out please fax a copy to Security Systems or bring it with you to class.

Fax: 702-799-1056

If you have any questions or concerns please call: 702-799-1048

**User's Signature**

**Title**

**Administrator's Signature**

**Title**