**Agency request**

Please complete this form and submit it by email to [security@waikato.ac.nz](mailto:security@waikato.ac.nz) or by post to:

The Campus Security and Emergency Manager

University of Waikato

Private Bag 3105

Hamilton 3240

**Other third party request**

Please complete this form and submit it by email to [privacy@waikato.ac.nz](mailto:privacy@waikato.ac.nz) or by post to:

The Privacy Officer

University of Waikato

Private Bag 3105

Hamilton 3240

This request will be considered by the University in accordance with the purposes (clause 26) of the University’s CCTV Surveillance Policy (Policy) and procedures and the Privacy Act 2020 and a decision communicated to you accordingly. The University is required to respond to your request within no later than 20 working days, unless it needs to extend this time limit. Should it do so, it will notify you accordingly.

# SECTION 1 – REQUEST

Event and/or description of persons

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Location where the event is believed to have taken place

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Approximate time the event took place

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If appropriate, the alleged offence being investigated

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Who may be identified in CCTV footage, if known, or the type of person likely to be included in the footage, e.g. staff, students, members of the public etc.

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# SECTION 2 – PURPOSE OF REQUEST

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# SECTION 3 - REQUESTOR

Contact details of the Agency representative requesting access to CCTV footage

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| Name | |
| Agency | |
| Role/Title | |
| Address | |
|  | |
|  | |
| Email | Phone |
| Signature | Date of request |

# section 4 –DECISION (office use only)

Decision ○ Approved ○ Declined

If approved, include reference to the purposes set out in clause 26 of the CCTV Surveillance Policy. Include any conditions to be placed on the release/viewing of CCTV footage.

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If declined, the reason/s for the decision.

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| --- | --- |
| Name | |
| Role/Title | |
| Signature | Date of decision |