

## Kainan University Surveillance Footage Access Application Form

Application Date : (YYYY/MM/DD)

Application Form Number (For official use only):

Department/Class		Student Number	
Applicant' s Name		Mobile Number	
Surveillance Location			
Review Period (Start ~ End)	From _____ (YYYY/MM/DD) __:__ To _____ (YYYY/MM/DD)		
Request for (please check appropriate box): <input type="checkbox"/> Review <input type="checkbox"/> Preservation <input type="checkbox"/> Staff punch-in footage extraction <input type="checkbox"/> Recording (Attach a copy of the police report and provide a USB storage device)			
Reason for Review:			
Attention Notes:  1. Units or faculty/students of the university who need to review the footage due to theft, loss, damage of equipment or items, campus safety incidents, or police requirements for investigation, may apply to view surveillance images.  2. The hard disk space of the surveillance system is limited, and footage is kept for about 10-15 days.  3. The applicant must fill in this application form clearly stating the specific reason for the request. After acknowledgment and stamping by the head of the applicant' s unit (faculty/staff) or department head (student), submit to the Student Assistance Division. Approval by the Dean of Student Affairs is required. After approval, the handler will contact the applicant to schedule the review time, which will be accompanied by a staff member. For those who apply for image preservation, the period is one year, after which the footage will be destroyed; for those who apply for recording footage (including mobile phone side recording), a copy of the police report must be attached (you may first apply for image preservation to prevent footage from being overwritten, then apply for recording after completing the report).  4. Surveillance footage application times: Weekdays 08:30-12:00 AM, 01:00~05:00 PM.  5. I have read the above notice for reviewing footage and will comply with the Criminal Code, Code of Criminal Procedure, Civil Code, and Personal Information Protection Act, and bear the responsibility for confidentiality. If there is any improper use, I shall bear the legal responsibilities including civil, administrative, and criminal liabilities.			
<b>Applicant' s Signature:</b>			
Department Head/Unit Supervisor' s Signature			
Director of Student Assistance Division' s Signature:		Dean of Student Affairs' Approval:	
Handler' s Confirmation:			
Handler' s Signature:			
<b>Review Processing Result:</b>			
Director of Student Assistance Division' s Signature:		Dean of Student Affairs' Signature:	