

**Sacred Heart College (Autonomous) :: GCC :: Campus
CCTV Footage Request Form (Viewing / Copying)**

Need by (put tick mark) : 1. Student 2. Staff 3. Management 4. Outsider

Incharge: Mr. Samuel / Mr. Thomas

Person Name: _____ Dept: _____

Place / Block Name: _____ Floor: _____

Date: _____ Time: _____

Mobile Number: _____

Purpose:

Tick any one :: i) Need Footage Copy ii) Witness / Spectator / Eyewitness

Kindly grant permission for the above mentioned request.

Thanking you

HOD Signature

Principal

CAMPUS DIVISION USE

Verification Status:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Signature
CCTV Incharge

Signature
GCC Director