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) N	Witness / Spec	ctator / Eyewitness	
Tick any one :: i) Need Footage Copy ii) Need Footage Copy iii) Need Footage Copy iii Need Footage Copy ii	-	ctator / Eyewitness	
	-	ctator / Eyewitness	
Kindly grant permission for the above mention	-	ctator / Eyewitness	
Kindly grant permission for the above mention	-	ctator / Eyewitness	Principal
Kindly grant permission for the above mention Thanking you	-		Principal
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Signature CCTV Incharge Signature GCC Director