

THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY  
Campus Management Office

**CCTV Access Request Form (External Members)**  
**Recorded Footages**

Requestor: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work Email: \_\_\_\_\_

Requestor's Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

CCTV Location / CCTV Number: \_\_\_\_\_

Date and time of recorded footage being requested: \_\_\_\_\_

**1. Reasons for accessing CCTV Recorded Footage**

- Crime investigations (Police case ref no: \_\_\_\_\_ )
- By order of the Court or for legal advice / proceedings (Court case ref no. \_\_\_\_\_)
- Civil matters
- Others (please specify \_\_\_\_\_ )

Description of the incident / relevant facts:

**2. Signatures**

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Requestor's Supervisor

### 3. Disclaimer and Signature

I consent to view the requested CCTV footage in a secure area designated by HKUST CMO security and in the presence of CMO Security staff. I will abide by the conditions specified by CMO Security for viewing the footage, and NOT copy or record the footage at any point in time.

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit the completed form to Security Office or email to: eomail@ust.hk*

### 4. Review and Approval

The above application is  approved  
 not approved

Remarks:

Signature: \_\_\_\_\_  
HKUST Senior Manager (Campus Security)

Signature: \_\_\_\_\_  
HKUST Legal Counsel

Signature: \_\_\_\_\_  
HKUST Data Privacy Officer

Date: \_\_\_\_\_