

Aquinas University of Legazpi

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Information Technology Center

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Nurturing the mind . . . Enriching the spirit

Form 6 CCTV Record Review Request Form

Requesting Party: _____

Department (if student or employee of AUL): _____

Address (if external client): _____

INCIDENT/ACTIVITY:

DATE/S: _____

TIME: _____

PLACE/AREA: _____

PURPOSE(S) OF REQUEST:

Request prepared by:

Noted by (if student or employee of AUL):

(Pls print name and sign)

Head of Department
(Pls print name and sign)

Endorsed for approval:

Approved:

Jesus B. Barizo, CSS
Director, Safety and Security Office

Virgilio S. Perdigon, Jr., MSME
Director, Media and Information Center

Date CCTV Record was released: _____

Released by: _____

Received by: _____