

Soochow University Library Surveillance Footage Access Application Form

Date of application (dd/mm/yy) ____/____/____/

Office of Environmental Safety _____ Handling Officer _____

Name		Department/ Level	
Student number/ Identification number		Contact number	
E-mail			
Date/Time of occurrence	____dd / ____mm / ____yy_ / (____hh / ____mm : ____ (hh: / ____mm		
Reason for application			
Library Processing Report	<input type="checkbox"/> No suspicious activity found following viewing in the presence of a librarian <input type="checkbox"/> Suspicious activity found following viewing in the presence of a librarian <input type="checkbox"/> Others (please describe) : _____ ※ Prior to submission, the applicant should obtain a signature from the school's Security Department. ※ The library shall keep a copy of the application form on file for record-keeping purposes. ※ Library personnel are obligated to personally deliver a duplicate of the application form and a burned CD to the designated instructor for processing.		
Librarian's Note	<input type="checkbox"/> Reference and Periodical Area <input type="checkbox"/> Reading Room <input type="checkbox"/> Non-print materials room <input type="checkbox"/> B1 Systems Room		