



DAKOTA COUNTY
TECHNICAL COLLEGE

Inver Hills
Community College

Camera Appeal Form

Submit this completed form to the Director of Public Safety and Security. The Director of Public Safety and Security, the Director of Facilities, and the VP of Finance and Operations will review the appeal and communicate resolution within 30 days of receipt.

Date: _____ Campus: _____

Name: _____

Camera Location (please include specific information such as building, room, hallway, etc.):

Reason for appeal:

Additional comments:

Administration only:

Date of review: _____

Name and Title of employee reviewing appeal: _____

Approved: Yes No

Comments: _____

Additional information needed: Yes No

If yes, please explain additional information needed:
