

# New York State University Police at Purchase College Security Systems Request Form



Please complete the non-shaded areas of this form to request that the New York State University Police at Purchase College (NYSUP) conduct a security survey in your area. The survey location must fall under the purview of the requesting department/office. Once the assessment is complete, NYSUP will issue recommendations regarding appropriate security measures. Subsidization of such measures is neither implied nor implicit. Security systems may not be purchased or installed without approval from both NYSUP and Campus Technology Services (CTS), nor without final approval from the President.

Date: [Click here to enter a date.](#)

Name of Requesting Person: [Click here to enter text.](#)

Best contact phone number and e-mail of requesting person: [Click here to enter text.](#)

Department/Office: [Click here to enter text.](#) Name of Department Head: [Click here to enter text.](#)

Is the Department Head aware of this request? [Choose an item.](#)

Please describe the area or room(s) to be surveyed and the reason(s) you are requesting an installation of security systems. Rooms or areas must fall under the purview of the requesting office.

[Click here to enter text.](#)

What is the type of security system you would like to request for the room or space (may select more than one)

Closed Circuit Television Camera(s)  Intrusion Detection Alarm System  Electronic Access Control  Panic Alarm

What is the funding source for implementation of any recommended security systems? Please Include account number(s).

[Click here to enter text.](#)

Please sign and date this form, and forward to the Chief of Police.

Signature: \_\_\_\_\_ Date: [Click here to enter a date.](#)

# FOR NYSUP/CTS USE ONLY

NYSUP Officer Conducting the Survey: Choose an item. Date of Survey: Click here to enter a date.

Assessment: Click here to enter text.

Notes: Click here to enter text.

Recommendations: Click here to enter text.

CTS Assessment: Click here to enter text.

CTS Recommendations: Click here to enter text.

Approved by Chief of NYSUP: Choose an item. Date: Click here to enter a date.

Approved by Director of CTS: Choose an item. Date: Click here to enter a date.

Chief of NYSUP Comments: Click here to enter text.

Director of CTS Comments: Click here to enter text.

Chief of NYSUP Signature: \_\_\_\_\_

Director of CTS Signature: \_\_\_\_\_

## **President's Approval**

Signature: \_\_\_\_\_ Date: Click here to enter a date.