NSYSU Library Surveillance System Request the Video Application Form

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| --- | --- | --- | --- | --- | --- |
| Name |  | Student ID |  | Application Date |  |
| Passport No. |  |
| Department |  | Contact Phone No. |  |
| Location |  | Timing of Video | (y) (M) (D) :  to(y) (M) (D) :  |
| Reasons(More Details):* **The video can only be used by applicant and cannot be copied or spread.**
* **The video is based on Processed Personal Data Protection Law.**
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| Signature of department’s supervisor（Drillmaster） |  |
| 下方資料由館員填寫 Library staff will fill out the following information. |
| 辦理情形： |
| 監視系統管理單位承辦人 | 監視系統管理單位主管 |
|  |  |