**Authorization to Use Camera Imbedded Devices**

**College:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** |  | **Date &Time** |  |
| **Subject** |  | **Device Type** |  |
| **Specialization** |  | **Use Time** |  |
| **Students Number** |  | **Venue** |  |

**Justifications of use**

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**Faculty member approval**

……………………………………………………………………………………………………………………………………………..

**Name/……………………………………………..**

**Signature/……………………………………….**

**Department Head Approval**

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**Name/………………………………………..**

**Signature/…………………………………..**

**Competent Authority ………………………………………………………….**

**Name/…………………………………….….**

**Signature/…………………………………..**

* Name of Students of the section
* Upon approval A copy shall be submitted to the security office
* Devices shall be kept in the security office or student affairs office until time of use
* Devices shall be confiscated immediately if seen in college corridors (outside specified venue of use).