**浙江大学国际联合学院（海宁国际校区）**

**视频监控资料调阅申请表**

 **Application Form for Video Surveillance Data Retrieval**

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| --- | --- | --- | --- |
| 申请日期Application Date |  | 申请单位/部门Application Unit/Department |  |
| 申 请 人Applicant |  | 单位或申请人联系电话Contact Number  |  |
| 申请查询时间Enquiry Time |  | 申请查询区域Enquiry Area |  |
| 申请事由Application Reason | 申请人签字：Applicant's signature:  日 期： Date: |
| 上由申请人或申请单位填写Contents above should be filled in by the applicant or the application unit |
| 总务部意见Office of Campus Development and Management |  签字： Approved by:  日期： Date:  |
| 备注Note |  |