**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 |  | | | |