

**ICAS****IMMACULATE CONCEPTION ARCHDIOCESAN SCHOOL**

Fr. Barua St., Tetuan, Zamboanga City, 7000

☎ 993-2575, 975-6408, 991-2774, 992 0270

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**Immaculate Conception Archdiocesan School (ICAS)****Confirree Form for Surveillance System Access****Employee Information:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Reason for Access:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Terms and Conditions:**

1. By accessing the surveillance system, you agree to abide by the following terms and conditions:
2. The access provided is strictly to monitor the security of the school premises.
3. Under no circumstances should this access be shared with any other individual or entity. Access is restricted solely to the authorized personnel mentioned above.
4. All activities conducted through this access will be logged and monitored for security purposes.
5. Any breach of security protocols or misuse of access privileges will result in disciplinary action, including potential termination of employment.
6. As an ICAS Employee, you are bound by the Data Privacy Act laws. Any violation of data privacy regulations will be taken seriously and may result in legal consequences.
7. In the event of resignation or absence without official leave (AWOL), access to the surveillance system will be automatically revoked by the administrator to ensure the security and privacy of all staff and students within the school premises.

I, \_\_\_\_\_, hereby confirm that I have read and understood the terms and conditions stated above. I agree to comply with all rules and regulations regarding the use of the surveillance system and acknowledge that any violation may result in disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Msgr. Maximo A. Campo, S. Th. D.**  
*School Director*

Please return this form to the administrator for access approval.