UCOP Consent Form for Access to Electronic Communications Records

Use this form to obtain advance consent to access a record holder's electronic communications records. Further <u>guidance about requesting access to records</u>, with or without consent, is available on the Web. The <u>UC Electronic Communications Policy</u>, Section IV, Privacy and Confidentiality, governs access to electronic communications records. Note that, per policy, the record holder's consent is not required in every circumstance.

Requests for access should be made by a manager or, in cases in which an investigation will be conducted, the UCOP Director of Investigations in the Office of Ethics, Compliance and Audit Services.

1. Record Holder's Information:		
Name	Dept	
Title		
2. Reason for Access : Access to record (Check one)	ds is provided to meet business nee	ds:
During planned leave periods (sick, maternity/paternity, vacation, etc.) For the following specific purpose:		
3. Type of Records : Access is granted t (Check one)	0:	
All records necessary to conduct		
or records dated from:	to:	
situation, and	work, or revokes consent, whicheve escribed in section 2, is fulfilled.	o protect the access and/or unications Policy, which ecessary to resolve the
I consent to providing access as describe	ed above to my electronic communi	cations records.
Signature	Date	
Print Name		
Original: Department Administrator	Copy: Record Holder	Retain: 7 Years