UCOP Access Without Consent Request Form

Use this form to comply with the provisions for access without consent to electronic communications records as specified in the <u>UC Electronic Communications Policy</u> (ECP), Section IV, Privacy and Confidentiality. Guidance about <u>requesting access to records</u>, with or without consent, is available on the Web. Policy advice may be obtained by contacting the Office of Ethics, Compliance, and Audit Services (ECAS) Privacy Office.

Procedures: 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.

- (a) Complete and print the form.
- (b) Attach documentation as necessary.
- (c) Obtain signatures.
- (d) Submit a copy of the signed form to the ECAS Privacy Office for annual reporting purposes, as required by the ECP

1. Records Requested By	Date:
Name	
Title	
2. Name of <u>Holder</u> of Electronic Communi	ications Records:
3. <u>Holder's</u> E-mail Address and Desktop C	Computer Location:
4. Type of Request	
Prior authorization	
Post-access authorization: emergency	y circumstances required immediate access
5. Description of the Electronic Communi	cations Records for Which Access Is Requested:
6. ECP Provisions under Which Records ARequired by and consistent with lawSubstantiated reasonable belief of vioCompelling circumstances	
Competing circumstancesTime-dependent, critical operational c	ircumstances
7. Attach an Explanation Describing the C	
8. Does the Department Head Recommen	d Access? □ Yes □ No
Name of Dept. Head	Date
Signature	Title
Department Head	
9. Seek Advice of Counsel. Does Counsel (see ECP Implementation Guidelines, section	
10. Is Access Without Consent Authorized	d? □ Yes □ No
Authorizing Signature	Date
Executive Vice President-Business Ope	
Original: Department Administrator	Retain: 7 Years