Request for Nonconsensual Access to Electronic Communication Records

Use this form to comply with the provisions for nonconsensual access to electronic communications records as specified in the UC Electronic Communications Policy ("ECP"), Section IV, Privacy and Confidentiality. Guidance about requesting access to records, with or without consent, is available from Campus Counsel office.

Procedures: Complete Sections 1-8 below. Attach supporting documentation as necessary. The form may be signed and sent electronically. Submit to Office of Legal Affairs.

1. Records Requested By
   Name _________________________________  Department: _________________________________
   Title ___________________________________ Date: _________________________________

2. Name of Holder of Electronic Communications Records: _________________________________

3. Holder’s E-mail Address: ___________________________________________________________

4. Type of Request
   □ Prior authorization
   □ Post-access authorization: Emergency Circumstances required immediate access

5. Description of the Electronic Communications Records for Which Access Is Requested

6. ECP Provisions supporting access; (check all that apply):
   □ Required by and consistent with law
   □ Reasonable belief of violation of law or UC policy
   □ Compelling circumstances
   □ Time-dependent, critical operational circumstances

7. If applicable, attach a brief explanation of the circumstances supporting this request

8. Does the Department Head Recommend Access? □ Yes □ No
   Name of Dept. Head ______________________________ Date _______________________________
   Signature ____________________________________ Title ________________________________

9. Pursuant to ECP Implementation Guidelines, Section III.A.1 Authorization, does Campus Counsel Recommend Access?
   □ Yes □ No

10. Faculty or Student Request: Associate Vice Chancellor for Academic Affairs □
     Staff Request: Senior Vice Chancellor for Administration and Finance □

     Is Access Authorized? □ Yes □ No

     Authorizing Name ______________________________
     Authorizing Signature __________________________ Date ______________________________

Original: Department Administrator  Copy to: IT Policy Administrator, Legal Affairs