UO Request Form for Authorization to Access to Electronic Communications Records

For more information, see applicable UO Information Security Procedures: [http://is.uoregon.edu/system/files/UO_IS_ElectronicRecordsAccessProcedure.pdf](http://is.uoregon.edu/system/files/UO_IS_ElectronicRecordsAccessProcedure.pdf)

1. NAME AND DEPARTMENT OF HOLDER OF ELECTRONIC COMMUNICATIONS RECORD:

   _____________________________________________  ______________________________
   Name                                              Department

2. BASIS FOR THE REQUEST
   A. TYPE OF AUTHORIZATION
      □ Prior Authorization
      □ Post-access Authorization: Emergency Circumstances required immediate access
         (attach explanation or describe below).

   B. IS PROCEDURE PROVISIONS UNDER WHICH ELECTRONIC RECORDS ARE TO BE
      ACCESSED (check all that apply)Required by and consistent with law
      □ Reasonable belief of violation of law or UO Policy
      □ Compelling circumstances
      □ Time dependent, legitimate operational circumstances

3. FURTHER EXPLANATION (Or attach relevant materials):

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. NAME AND DEPARTMENT OF INDIVIDUAL REQUESTING ACCESS:

   _____________________________________________  ______________________________
   Name                                              Department

5. SIGNATURES, APPROVALS OR DENIALS:

   Does the Office of the General Counsel recommend access?  ___YES ___NO

   _____________________________________________  ________________  _____________
   Name of OGC Representative                      Title                     Date
Does the Top-level Administrative individual (Vice Provost/Vice President/Dean/Department Head) approve access? ___YES ___NO

<table>
<thead>
<tr>
<th>Name of Top-level Administrative Individual</th>
<th>Title</th>
<th>Date</th>
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Does the Chief Information Security Officer recommend access? ___YES ___NO

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<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
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6. TECHNICAL STAFF WHO WILL RETRIEVE INFORMATION:

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<tr>
<th>Name</th>
<th>Department</th>
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7. ROUTING INSTRUCTIONS

Please send a copy of this completed form, regardless of whether access is authorized, to the Chief Information Security Officer, Information Services Office, 237 Computing Center, 1212 University of Oregon, Eugene, Oregon 97403-1212. Do not include attachments.

If access is authorized, this completed form may be presented to the appropriate Technical Administrator who can provide access to the records requested. Any access authorized shall be limited to the least perusal of contents and the least action necessary to resolve the matter.