

**Request Form for Authorization to Access Electronic Communications Records without Consent**

**HOW TO USE THIS FORM**

For information about the use of this form, see UCLA Policy 410: Access without Consent to Electronic Communications Records.

**Instructions to the UCLA Employee or Investigative Unit (“Requestor”) to request authorization**

| <b>RESPONSIBLE INDIVIDUAL</b>               | <b>ACTION</b>  | <b>NOTES</b>  |
|---|--|---|
| Requestor                                   | 1. Fill out Parts I and III of this form.  | Guidance may be obtained from Campus Counsel, UCLA Health Legal Affairs, or the campus or UCLA Health Chief Privacy Officers. |
|   | 2. Obtain the signature of the Electronic Communications Holder’s department / unit head on Part II of the form.                     |   |
|   | 3. Take this form to Campus Counsel (for campus matters) or Health Legal Affairs (for Health Sciences matters), for their signature. |   |
| Campus Counsel or UCLA Health Legal Affairs | 4. Campus Counsel or Health Legal Affairs will obtain the remaining signatures.  |   |
| Campus or UCLA Health Chief Privacy Officer | 5. The Chief Privacy Officer will remove Part III of this form and send a copy of Parts I and II to the Requestor.                   | The original completed form will be retained by the appropriate Chief Privacy Officer.  |

**If access is authorized by the UCLA Authorizing Official**

| <b>RESPONSIBLE INDIVIDUAL</b>   | <b>ACTION</b>   | <b>NOTES</b>   |
|---|---|--|
| Requestor   | 6. The requestor will work with the campus or UCLA Health Chief Privacy Officer, as appropriate, to provide notification to affected individual(s) as required by UCLA Policy 410, Section IV.B.  |  |
| Requestor or representative of the investigative office (UCLA Policy 410, Section IV.4) | 7. Present Parts I and II to the appropriate technical administrator who can provide access to the records requested.<br><br>Parts I and II of this form may also be presented to specific individuals who must access or analyze the content.<br><br><i>[Note: These two Parts of the form are expected to exist on a single page when printed.]</i> | Any access authorized is limited to the least perusal of contents and the least action necessary to resolve the matter. Any accessed content must be safeguarded as per UC IS-3 Electronic Information Security.<br><br>Individuals who access this content are not permitted to disclose or otherwise use what they have observed if not germane to the authorized purpose. However, if improper governmental activity (including violations of law or University policy) is inadvertently discovered or suspected during access, reporting of such violations will be consistent with the UC Whistleblower Policy. |

**PART I. REQUEST DETAILS**

**INFORMATION ABOUT THE REQUEST**

**Who is making this request?**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Department/Unit \_\_\_\_\_  
 Date of Request \_\_\_\_\_

Is this request for an investigation? (Restricted to departments listed in Policy 410, IV.4.)  
 Yes       No  
 If Yes, request is on behalf of, and authorization is for, the Department listed, not the individual.

**What is the basis for this request?**

ECP provisions under which Records are being sought (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

Reason(s) why Holder's consent cannot be obtained (check all that apply)

- Holder has denied a request to allow access
- Absence, illness, or death precludes requesting Holder's consent
- Compelling Circumstances preclude requesting the Holder's consent

Timing of request (check one)

- Request prior to access as required by the UC Electronic Communications Policy
- Request after access under Emergency Circumstances (see UCLA Policy 410, Section IV.2)

Are the Records being sought from evidence previously preserved under UCLA Policy 410, Section V?

- Yes
- No

**RECORDS SOUGHT**

**Who is the Holder of the Electronic Communications Record(s) being sought?**

Name \_\_\_\_\_  
 Department/Unit \_\_\_\_\_

**Detailed description of what Electronic Communications Records are being sought**

(Attach a separate sheet if necessary.)

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**PART II. SIGNATURES**

**REQUIRED SIGNATURES (SEE UCLA POLICY 410, TABLE 1)**

| <b>Does:</b>   | <b>Recommend access without consent?</b>  | <b>Sign and date</b>          |
|--|---|-------------------------------|
| 1. Department / unit head of Electronic Communications Holder  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | Signature _____<br>Date _____ |
| 2. Counsel<br><input type="checkbox"/> Campus Counsel<br><input type="checkbox"/> UCLA Health Legal Affairs              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                 | Signature _____<br>Date _____ |
| 3. Chief Privacy Officer<br><input type="checkbox"/> Campus<br><input type="checkbox"/> UCLA Health                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | Signature _____<br>Date _____ |
| 4. Chair, Academic Senate (only if the Holder is a Faculty or Emeritus Faculty member; attach written advice separately) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A | Signature _____<br>Date _____ |

**AUTHORIZING OFFICIAL'S SIGNATURE (SEE UCLA POLICY 410, TABLE 1)**

**Is access without consent authorized?**

- Yes — Authorization is limited to the least perusal of contents and the least action necessary to resolve the situation.
- No

\_\_\_\_\_  
 Signature of UCLA Authorizing Official — check corresponding box below      Date \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative Vice Chancellor   | <input type="checkbox"/> Chancellor                            |
| <input type="checkbox"/> Vice Chancellor, Academic Personnel  | <input type="checkbox"/> Executive Vice Chancellor and Provost |
| <input type="checkbox"/> Vice Chancellor, Student Affairs   |  |
| <input type="checkbox"/> Vice Chancellor, UCLA Health Sciences; and CEO, UCLA Health  |  |
| <input type="checkbox"/> Associate Vice Chancellor, UCLA Health Sciences; President, UCLA Health; and CEO, UCLA Hospital System |  |

