

Application for Obtaining Password Protected Information

In order to obtain information from password protected electronic storage media of the University of Connecticut Health Center; this form must be completed and signed by the Requestor, the user's Supervisor, the Director of Labor Relations, and then submitted to the Vice President for Health Affairs.

Section I

Name of User _____ Department _____

Name of Requester _____ Department _____

Section II – Access to the following stored information is requested:

Description of Information _____

Describe the efforts made by the applicant to obtain the information from the user or provide detailed justification for not informing the user of request.

Section III – Nature of the Request:

Copy of electronic mailbox (email)	Yes <input type="radio"/>	No <input type="radio"/>
Copy of computer contents (hard drive)	Yes <input type="radio"/>	No <input type="radio"/>
Traffic log of Internet sites accessed (where available)	Yes <input type="radio"/>	No <input type="radio"/>
Telecommunications Items	Yes <input type="radio"/>	No <input type="radio"/>
Call Data Records (Calling History)	Yes <input type="radio"/>	No <input type="radio"/>
Voice Mail	Yes <input type="radio"/>	No <input type="radio"/>

Section IV – Non-Supervisor Originated Request

Does the user's Supervisor support this request? Yes No

If no, why is he/she opposed? _____

SIGNATURES:

Requestor _____ Title _____ Date _____

User's Supervisor _____ Title _____ Date _____

Director of Labor Relations _____ Title _____ Date _____

Vice President for Health Affairs _____ Date _____

Action Approved

Action Rejected