UCSB Consent Form
Access to Electronic Communication Records

Use this form to obtain advance consent to access a record holder’s electronic communications records as defined in the UC Electronic Communications Policy. The UC Electronic Communications Policy, Section IV, Privacy and Confidentiality, governs access to electronic communications records.

Note: Requests for access should be made by a manager, or in cases in which an investigation is being conducted, the duly appointed investigator or investigating department (ex. Audit and Advisory Services, Human Resources, OEOSH).

1. **Individual or Department Requesting Access:**
   - Name_________________________________             Title________________________
   - Dept. _________________________________

2. **Record Holder’s Information:**
   - Name_________________________________ Dept. _________________________________

3. **Reason for Access:** Access to records is provided to meet business needs
   Check one
   - ☐ During planned leave periods (sick, maternity/paternity, vacation, etc.)
   - ☐ For the following specific purpose________________________________________

4. **Type of Records:** Access is granted to
   Check one
   - ☐ All records necessary to conduct University business (business continuity)
   - ☐ All records necessary for the purpose:_____________________________________
   - ☐ The following type of records:___________________________________________
   - ☐ Records dated from ____________ to ______________

5. **Period of Access:** Access is granted for the following time frame:
   Check one
   - ☐ Until the record holder returns to work, or revokes consent, whichever comes first
   - ☐ Until the reason for access, as described in section 2 is fulfilled

6. **Restrictions:** Individuals granted access must take all necessary steps to protect the access and/or account from unauthorized use, and must comply with the Electronic Communications Policy, which includes:
   - Limiting their inspection of records to the least perusal of contents necessary to resolve the situation, and
   - Taking the necessary precautions to protect the confidentiality of data as appropriate, including any personal information.

I consent to providing access as described above to my electronic communications records. I understand and authorize necessary copies, both electronic and/or hard copies may be obtained and retained consistent with the purpose of this authorization.

________________________________________________________________________
Signature       Date
________________________________________________________________________
Print Name