

## UCI REQUEST FOR ACCESS WITHOUT CONSENT

Use this form to request access of a UCI affiliate's electronic communications and/or electronic communications records without the holder's consent in compliance with the [UC Electronic Communications Policy](#) and the [UCI Guidelines for the UC Electronic Communications Policy](#).

### HOLDER

Full name and UCINetID of the "holder" [[Appendix A](#)] of the electronic communications and/or electronic communications records sought:

\_\_\_\_\_

Affiliation of holder:

- Student
- Employee – Faculty or Librarian
- Employee – Staff
- Other (explain: \_\_\_\_\_)

Title of holder: \_\_\_\_\_

Name of holder's supervisor: \_\_\_\_\_

### RECORDS

Description of specific "electronic communications" [[Appendix A](#)] and/or "electronic communications records" (including "transactional information") [[Appendix A](#)] to which access is sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date range: \_\_\_\_\_ to \_\_\_\_\_

### ACCESS

Proposed mechanism to access the records:

- Electronic search
- Other (explain: \_\_\_\_\_)

Specific search terms to be used:

\_\_\_\_\_

Name and title of the person(s) who will conduct the search: \_\_\_\_\_

Describe efforts taken to ensure that the "least perusal of contents" and the "least action necessary" [[Section IV.B.1](#)] are taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## NOTIFICATION

The ECP requires that affected individuals be notified that their electronic communications have been accessed without consent and the reasons for the action(s) taken at the earliest opportunity that is lawful and consistent with other University policy. Check one:

- Notification to individuals is prohibited by a valid legal order.
- The requestor has already notified the affected individual(s) (attach copy)
- The requestor will immediately notify the affected individual(s). (copy Privacy Official)
- The requestor will notify the affected individual(s) upon (describe circumstances that merit delayed notification, when notification will take place and who will notify):

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## CIRCUMSTANCES PERMITTING ACCESS (check and provide details for all that apply)

- “Required by and consistent with law.” [[Section IV.B](#)]
- “Substantiated reason” [[Section IV.B](#)] to believe that violations of law or of University policies [[Appendix C](#)] have taken place.
- “Compelling Circumstances.” [[Appendix A](#)]
- “Time-dependent, critical operational circumstances.” [[Appendix A](#)]

Explain:

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## CONSENT

- The holder was asked to consent on \_\_\_\_\_ (date) by \_\_\_\_\_ (name and title), and the holder refused.
- The holder has not been asked to consent because:
  - The holder cannot be contacted because \_\_\_\_\_ (e.g., ill, absent, dead).
  - The holder can be contacted but cannot be asked to consent because: \_\_\_\_\_.
- Retroactive authorization: The record already were accessed because of “emergency circumstances.” [[Appendix A](#)] Describe: \_\_\_\_\_

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## AUTHORIZATION

Full name and title of person requesting authorization: \_\_\_\_\_

Contact email and phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**UCI REQUEST FOR ACCESS WITHOUT CONSENT**

Review by Privacy Officer

UCI Campus Privacy Officer

UCI Medical Center and Health Sciences Compliance Privacy Officer

Access without consent is recommended: Yes No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name and title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Review by Campus Counsel

Access without consent is recommended: Yes No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name and title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For electronic communications and/or electronic communications records held by a faculty member only, Provost has conferred with the Academic Senate: Yes No

Approval by authorized official

Faculty and Librarian records – Provost/Executive Vice Chancellor

Staff records - Vice Chancellor and Chief Financial Officer

Student records - Vice Chancellor-Student Affairs

Medical Center records - Chief Executive Officer, UCI Medical Center.

Denied

Granted.

Granted as

modified: \_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name and title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_