REQUEST TO INSPECT, MONITOR, OR DISCLOSE ELECTRONIC RECORDS
ACCESS WITH CONSENT

Instructions: Use this form to monitor compliance with the provisions for access to
records with consent of the record holder. See UC Davis Policy & Procedures Manual 310-16, paragraph VII.B. Attach documentation as necessary.

Name of Record Holder ___________________________________________________________________

This consent from does not request access to any files or email messages. It is intended
only as a written consent form authorizing (Third Party) ______________________________________________________________________

to impersonate (“Send As”) (Record Holder) __________________________________________________________________________

Effective Date ______________________________

Requested By __________________________________________________________________________

Department ______________________________________________________________________________

Individuals who have been granted access with consent:
  a. Must not use the grant of access to obtain records other than those required to
     continue University business.
  b. May not seek out, use, or disclose personal information contained in the
     records.
  c. Must not violate the UCD Acceptable Use Policy regarding use of a false
     identity.
  d. Must take all necessary steps to protect the access and/or account from
     unauthorized use.

I give my consent for access to impersonate me via email. ___ Yes ___ No

Comments:

Record Holder __________________________________________________________________________

Date ______________________________________________

Department ______________________________________________________________________________

Original: System Administrator
Copy: Record Holder
Retain: 3 years