

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 form 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