

University Held Electronic Resources
Request Form

Requestor Information:

Name: _____

Title: _____

Dept: _____

Phone: _____

Account Holder Information:

Name: _____

Title: _____

Dept: _____

UM SSO: _____

The account holder is currently unavailable to grant access for the following reason:

- No longer employed/enrolled/volunteering at the University
- Deceased
- Other _____

Describe why access is needed. Also list any existing or potential human resource issues or adverse circumstances (disciplinary action, suspected misconduct, involuntary termination, etc.) associated with this person:

Are there active or pending grievance or litigation actions associated with this employee?

- Yes No Don't know

Please provide a description of the records or keywords contained in the records to facilitate location. Attach sheet if necessary. If for Blackboard or other learning management system, enter class information:

Please check the areas that are to be searched:

<input type="checkbox"/> Exchange Mailbox <input type="checkbox"/> Inbox access only <input type="checkbox"/> All Mailbox Folders	<input type="checkbox"/> File Storage Resources. Please specify location(s): _____ _____
<input type="checkbox"/> University owned Personal Computer System name(s) _____ _____	<input type="checkbox"/> Other (Describe) _____ _____

Indicate type of account: Faculty Student Non-faculty (employee, volunteer, etc.)

Is this request for mission continuance: Yes No

Sign top of next page and route for appropriate signatures

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REQUIRED SIGNATURES

Requestor

Requestor

Print Name

Date

For Access to Student Accounts:

Vice Chancellor for Student Affairs or delegate

Print Name

Date

For Access to non-Faculty Accounts:

Administrative Services/HR Director or delegate

Print Name

Date

For Access to Faculty Accounts:

Faculty Representative signature

Print Name

Date

Chancellor/Provost signature

Print Name

Date

Administrative Approval

Chief Information Officer or delegate

Print Name

Date

Completed forms must be submitted to the Information Security Officer

Information Security Use only

Received by

Print Name

Date

Legal verification completed: _____

Date: _____

Attach all appropriately redacted notes on data obtained and released.