REQUEST TO ACCESS ELECTRONIC FILES OF OTHERS

Our department requests authority to access electronic files of an individual as described below:

Person whose files would be accessed:

Name ________________________________ Title ________________________
Department ___________________________ Phone _______________________
Username ______________________________

Person who will be accessing the files:

Name ________________________________ Title ________________________
Department ___________________________ Phone _______________________

Reason for access request: _______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What data will be accessed (e.g., voice mail, E-Mail, FAX, NT storage, Computer—please supply computer name and make sure the computer is on and running)?
_____________________________________________________________________________

How long should the special access last?
_____________________________________________________________________________

What will be done with the accessed files? With whom will they be shared?
_____________________________________________________________________________
_____________________________________________________________________________

Department Chairperson or Unit Director  Name ____________________________________
Signature ____________________________________  Date ________________________

Approving Dean or Vice Chancellor  Name ____________________________________
Signature ____________________________________  Date ________________________

Note: Dean/Vice Chancellor signature not necessary if owner of files has left the university/position and the data belongs to the authorizing department.

Upon approval, this form is to be delivered to the following person as authorization for them to implement the requested special access.

Name  Harper P. Johnson  Title  Assistant Vice Chancellor and CIO for Information Technology
Department  Information Technology

Authorization Granted:

Signature _______________________________  Date ________________________
UCCS ACCOUNT DISABLING FORM

Account to be Disabled:
Name: _________________________________________________________________
Employee ID: ____________________________________________________________
UCCS Username: _________________________________________________________
Phone Extension: __________________________________________________________

Date and Time to have the account disabled: _____________________________________________

Requested message on auto reply for the above user mailbox:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Requested voice-mail message for the above user:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Alternate name and contact information of employee/s who can assist customers of above user:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of requester*: ______________________________________________________________
Signature: ___________________________ Date: ____________________________

Contact information of requester:
Phone: _________________________________________________________________________
Email: _________________________________________________________________________

Submit completed form and direct any questions to Harper P. Johnson hjohnson@uccs.edu |ext. 3594
If you are requesting access to any electronic files, a Request to Access Electronic Files of Others
document must be completed in its entirety.

*Requester must be a Supervisor, Dean or Director of the Department