



## REQUEST TO ACCESS ELECTRONIC ACCOUNTS AND RECORDS

This form has been issued by the [Chief Information Officer](#) to supplement the [Accessing Electronic Accounts and Records](#) standard. Questions about this form may be referred to [information.security@ubc.ca](mailto:information.security@ubc.ca).

INFORMATION ABOUT REQUEST FOR ACCESS			
UBC IT trouble ticket number		Date of request	
Name	Department	Email	Phone

ACCOUNT/RECORDS TO BE ACCESSED
Computer account – username
Communications account – phone number
Other account or records – please specify

USER (ACCOUNT/RECORD HOLDER)		
Name		Department
Student ID	Employee ID	Contact phone number

ACCESS DETAILS
Type(s) of information that you intend to access <input type="checkbox"/> UBC Electronic Information (electronic information needed to conduct University business) <input type="checkbox"/> Personal Use Records (records relating to the personal use of the account/records by the User)
Who will have access to the account/records
How long access is required
What will be done to avoid unauthorized access to and disclosure of personal information stored in the account/records
What should be done to the account/records when access is no longer required <input type="checkbox"/> Return to User <input type="checkbox"/> Archive data and delete account <input type="checkbox"/> Other (specify):

**AUTHORITY FOR ACCESS**

Select one of the following authorities for accessing the account/records:

- The User has consented, in writing, to the access (attach consent)
- The University is legally required to access the account/records
- You have a pressing reason to view UBC Electronic Information, and you have not been able to secure the User's consent despite making reasonable efforts to do so. You will make reasonable efforts to avoid reading Personal Use Records.
- You wish to view Personal Use Records without the User's consent, because securing such consent would compromise (a) the health or safety of an individual or a group of people, (b) the availability or accuracy of the information, or (c) an investigation or a proceeding related to a breach of law or policy or the employment of the account/record holder.

If you do not have consent, provide detailed reasons for accessing the account/records

<b>Head of Unit approval of access without consent</b>	Name/Position	Signature
	Conditions/Restrictions	Date
<b>University Counsel approval of access without consent</b>	Name/Position	Signature
	Conditions/Restrictions	Date

**TO BE COMPLETED BY UBC IT OR ACCOUNT ADMINISTRATOR**

Access granted to

Date/time access approved	Name/Position	Signature
Date/time access granted	Name/Position	Signature
Date/time access revoked	Name/Position	Signature

Notes

**For University Counsel's review, forward to Access & Privacy Manager:**

- By PDF: [access.and.privacy@ubc.ca](mailto:access.and.privacy@ubc.ca)
- By fax: 604.822.8731

**After approval, forward to:**

Voice Services (phone record related requests):

- By PDF: <https://web.it.ubc.ca/forms/isf/>
- By fax: 604.822.5520

Responsible Use Administrator ( computer account related requests):

- By PDF: [it.security@ubc.ca](mailto:it.security@ubc.ca)
- By fax: 604.822.5116