

Non-Consensual Access to Electronic Information Resources Request Form

Use this form to request non-consensual access to electronic files or communications as provided under Collin College Computer Compliance ISP (www.collin.edu/security).

A. REQUESTOR NAME, TITLE AND DEPARTMENT
Full Name, Title and Department of requestor:

B. ANNUAL AUTHORIZATION (Must comply with CC Computer Compliance ISP)
The following staff members have blanket approval to access data on the Collin College network to fulfill his/her duties for FY____/____.

C. ONE-TIME ACCESS BASIS FOR REQUEST (Must comply with CC Computer Compliance ISP)	
Provisions under which records are to be accessed (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Required by and consistent with law or policy <input type="checkbox"/> Legal obligation (subpoena, court order, etc.) <input type="checkbox"/> Protect and sustain the operational performance and integrity of college information systems and business processes. <input type="checkbox"/> Review, audit, or investigations by authorized party <input type="checkbox"/> Protect legitimate interests of university or other users. 	Reason(s) why holder's consent cannot be obtained (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Holder has denied a request to allow access <input type="checkbox"/> Absence, illness or death precludes requesting holder's consent <input type="checkbox"/> Compelling circumstances preclude requesting the holder's consent (describe in comment) <p style="margin-left: 20px;">Post-authorization: the records have already been accessed to address time-dependent, critical operational needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Record holder is no longer an employee or student
Comments: (Record holders Network ID, account name(s), system name(s), or folder name(s))	

D. REQUESTING PARTY/DEPARTMENT HEAD SIGNATURES
Signature of Requesting Party: _____ Date _____
Signature of Department Head: _____ Date _____
Printed Name of Department Head: _____

E. APPROVAL OF IRM OR DESIGNEE (Required for All)
Non-Consensual access authorized? ____ Yes ____ No
Signature of IRM or Designee: _____ Date _____
Printed Name _____