



THIRD PARTY DATA ACCESS REQUEST FORM

To: Chief Information Officer, Information Services and Technology

Subject: Administrative/Security Third Party request for access to a User's accounts on University networks and computing facilities

I hereby request access to the University of Manitoba computer account or data of:

Last Name: _____ First Name: _____

UMNetID if known: _____ Department: _____

This person is/was a: Student Employee Guest

I request this access for the following purpose(s) (ex. unexpected or extended absence, security investigations, produce records, etc.)

Your relationship to account owner (ex. colleague, supervisor) _____

Access Requested (please be specific; attach a separate sheet if needed)

Type of Data: Email C drive files H drive Files

Duration of Access: _____

I attest that the information retrieved will be used solely for the indicated purpose, and access will be limited to those with a business need to view or access the information.

Requestor's Name (please print): _____ Phone: _____

Email Address: _____ Address or Department: _____

Signature: _____ Date: _____

Approval by Head of Unit or Faculty of Data Owner

Name: _____ Faculty or Unit: _____

Signature: _____ Date: _____

Return To: Information Security, IST **Email:** infosec@umanitoba.ca **Phone:** (204) 474-8340



OFFICE USE ONLY (entire page)

Received: _____ Initial: _____

Account Owner's Name: _____

Requestor's Name: _____

Request Date: _____

Processed By: _____ Date: _____

Pre-Approval

Obtain review from Information Security and either: Access and Privacy Office or Legal Counsel

Approved Declined

By _____ for Information Security & Compliance

Approved Declined

By _____ for Access & Privacy Office

By _____ for Legal Counsel

Comments:

Final Approval

Approved Declined

Comments: _____

CIO, Information Services & Technology for VP Administration:

Signature: _____ Date: _____