

# MONITORING AND REVIEW OF ELECTRONIC DATA REQUEST FORM

**\*PLEASE COMPLETE SECTION 1 AND SUBMIT THIS FORM TO IT SECURITY VIA EMAIL [EDR@MIAMI.EDU](mailto:EDR@MIAMI.EDU)\***

## ***SECTION 1 – REQUEST***

### Requestor Information:

### Date of Request:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ University ID#: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Details of Request:

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_ Employee Status: \_\_\_\_\_

Electronic Data Requested:      Emails      Calendar      Cloud Storage      Desktop Files      Other\*

\*If "Other", explain below. *Examples: Card requests (Cane Card, CS Gold, Onity), or Video requests (video footage, CCTV, Kaltura, etc.)*

Start Date of Requested Data: \_\_\_\_\_ End Date of Requested Data: \_\_\_\_\_

Purpose of Request:      HR      Business Continuity      Investigation      Regulatory Agency      Subpoena

Additional Information or keywords which will assist to narrow the scope of electronic data being requested:

### **Employee Notification** **(applicable for current employees)**

At the conclusion of the investigation and/or review, the department of supervisor that requested the review of electronic data shall be responsible for notifying, in writing, the employee whose electronic data was searched as a result of the request. The department that initiated the request shall then send a confirming electronic message to the University Information Security Office via email to [edr@miami.edu](mailto:edr@miami.edu) confirming that the employee was notified as required by policy A046.

When is the estimated date of notification? \_\_\_\_\_, 20\_\_.

I hereby certify and confirm that all the information provided in this form is accurate and that the purpose of this request is for legitimate University of Miami business.

\_\_\_\_\_  
Signature of Requestor

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ***SECTION 2 – APPROVAL***

**Office of General Counsel**

**Additional modifications to Request:**

**Check applicable office:**

**Office of the Executive Vice President and Provost**

**Office of University Compliance Services Office of Audit and Advisory Services**

**Office of the Vice President for Human Resources**

**Additional modifications to Request:**

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_