

# MONITORING AND REVIEW OF ELECTRONIC DATA REQUEST FORM

**\*PLEASE COMPLETE SECTION 1 AND SUBMIT THIS FORM TO IT SECURITY VIA EMAIL SECURITY@MIAMI.EDU\***

## SECTION 1 – REQUEST

Requestor Information:

Date of Request:

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

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

Details of Request:

Name of Employee: \_\_\_\_\_ Employee Status: \_\_\_\_\_

Electronic Data Requested:      Emails      Calendar      Desktop Files      Cloud Storage:

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

Purpose of Request:      HR      Business Continuity      Investigation      Regulatory Agency      Subpoena

Keywords which will assist to narrow the scope of electronic data being requested:


Additional Information:

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### **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 [security@miami.edu](mailto:security@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

<p>Office of General Counsel</p> <p><b>Additional modifications to Request:</b></p>   <p><b>Signature:</b> _____ <b>Print name:</b> _____ <b>Date:</b> _____</p>	<p><b>Check applicable office:</b> <b>Office of the Executive Vice President and Provost</b> <b>Office of University Compliance Services Office of Audit and Advisory Services</b> <b>Office of the Vice President for Human Resources</b></p> <p><b>Additional modifications to Request:</b></p>  <p><b>Signature:</b> _____ <b>Print name:</b> _____ <b>Date:</b> _____</p>
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