



Information Security Office

ACCESS TO ACCOUNTS & INFORMATION REQUEST FORM

Please use this form to request access to electronic information found in the University account or device of an individual user (User) without prior notice to that user, pursuant to the [Policy on Access to Accounts and Information](#). Please review the linked policy carefully to ensure you provide the requisite information and approvals, and e-mail the completed form to david.sherry@princeton.edu.

I. REQUESTOR

Name of Authorized University Official: _____
Title of Authorized University Official: _____
Name of Designee (if applicable): _____
Title of Designee (if applicable): _____

II. REQUESTED INFORMATION

1. User whose account contains the requested information:
 - Name (first and last): _____
 - Title/Status (e.g. former student): _____
 - Department: _____
 - NetID: _____
2. Requested action (check all that apply):
 - Electronic hold (preservation from deletion) to be placed on the following Princeton University systems/services:
 - Princeton email account
 - Google Drive
 - Drop Box
 - Other: _____
 - Search to be conducted with the following parameters:¹
 - Date range: _____
 - Search term(s): _____
 - Document type: _____
 - Princeton University system/service:
 - Princeton email account
 - Emails sent from (provide name(s) and email address(es)): _____
 - Emails sent to (provide name(s) and email address(es)): _____
 - Hard drive (identify computer name)
 - Google Drive
 - Drop Box
 - Other: _____
 - Other parameters: _____
 - Provide copy of the information identified in the search described above

¹ If more than one search is being requested, please complete a separate request form for each search.
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III. REASON FOR REQUEST

1. Please describe the reason for your request (check all that apply):
 - Evaluating or responding to the following health or safety risk: _____
 - Investigating a possible violation of the following law or University policy: _____
 - Complying with the following subpoena, discovery request, federal, state, or local law or rule: _____

2. In each case, please explain the relationship between your request and the User identified in II.1 above.

3. If requesting a search, please explain how the search has been narrowly tailored to the request (e.g. does the date range match the possible timeframe of the conduct or incident at issue).

IV. INTENDED USE OF REQUESTED INFORMATION

Please describe your intended use of the requested information, including who will be given access and for what length of time, how the information will be stored and when and how the information will be destroyed.

V. PERSON(S) RECEIVING ACCESS TO REQUESTED INFORMATION

Please identify the person(s) who should receive access to the requested information. You may list yourself if you want to receive access.

Name: _____
Email address: _____
Phone number: _____

VI. SIGNATURE OF AUTHORIZED UNIVERSITY OFFICIAL

Signature: _____
Date: _____

To be completed by the CISO:

Date request was received by CISO: _____
Name of OGC attorney(s) consulted: _____
Date of OGC attorney(s) concurrence: _____
Date request was completed: _____