

UCSF University of California San Francisco
Consent to Access Electronic Information

I authorize UCSF to access all electronic information maintained on my assigned UCSF computing and telephony devices. All reasonable attempts will be made not to access personal information.

Print Employee Name

Department

Employee Signature

Date

The above-named employee is:

- Separating effective _____
- On leave effective _____ through _____
- Transferring within Medical Center within Campus effective _____
- Transferring FROM Medical Center Campus
- Transferring TO Medical Center Campus effective _____

Manager Name

Department

Contact Number

Manager Signature

Date

SIGNED FORM MUST BE RETAINED BY THE REQUESTING DEPARTMENT.
SEND SIGNED COPIES (ELECTRONICALLY OR VIA CAMPUS MAIL) TO RESPECTIVE:

- HUMAN RESOURCES DEPARTMENT
- INFORMATION TECHNOLOGY DEPARTMENT
- LEGAL AFFAIRS, BOX 0986