



APPLICATION FOR AUTHORIZED ACCESS OF RECORDS

In order to set up an account for your unit with the UBC Okanagan Records Management Program, please fill in the blank areas in the following sections and email back the completed form when you are done. Please note that in lieu of completing this application, we can accept an email from the responsible authorizing executive providing the following information:

- a. Who has authorized access to records (their names and titles)
- b. What they are authorized to do
- c. Unit contact information
- d. Title and email signature of the authorizing executive

Reporting structure. Your unit may be at the top, second or third level. Your unit may also be a stand-alone department. If you have an organizational chart, please attach.

What is the name of your department or unit?

Do you report up? Yes No

If yes, which department do you report to?

Does this department also report up? Yes No Not sure

If yes, which department do they report to?

Comments



Contact information. Please provide a primary contact who is ultimately responsible for the records of the unit.

	Main Contact
Last name	
First name	
Title	
Phone no.	
Email address	

Department Address



Delegated authority. Up to three (3) individuals can be authorized to send requests to the UBCO Okanagan Records Storage Program.

	Individual #1	Individual #2	Individual #3
Last name			
First name			
Phone no.			
Email			
Title			
Level of * Authorization	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> A
Notes			

* Please indicate with R,S,D, and/or A

- Authorized activities:
- Retrieve records: **R**
 - Send records including new ones: **S**
 - Destroy records (but require confirmation from manager): **D**
 - Transfer records to archival custody: **A**



Main Contact Name	Title	Signature

Important Notes

- If the individual that requests records is not available to receive the records, we will not leave the records with a non-authorized individual.