**University of Exeter: Staff Email Account Information Request Form**

Please complete all sections of this form in BLOCK CAPITALS when requesting permission to take copies of your University emails.

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| ­­­­­­­­­­**Section A: Personal Details** | | | |
| Name: |  | User name: |  |
| College/Service: |  | Phone number: |  |
| Contact Address: |  |  |  |
| Contact Email: |  |  |  |

I am requesting permission to take copies of emails and contacts held in my email account for the following purpose(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Declaration**

Please note that the Terms and Conditions of your employment at the University of Exeter state: “You must not disclose any information of a confidential nature relating to the University (or any of its associated partners) to any third party, during or after your employment except in the proper course of your employment or as required by English law.”

I agree that:

- any University personal/confidential information contained within my emails will not be disclosed to third parties or used for my own purposes.

- I will use the information for the purpose(s) stated above only.

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

**­­­­­­Section C: Approval**

(This should be completed by the College Dean/Manager or Director/Assistant Director of Service)

Please complete Section C to confirm that it is appropriate to disclose copies from the email account as requested above.

The information requested should be provided OR

The information requested should not be provided (please provide reasons) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_

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| --- | --- | --- | --- |
| ­­­­­­­­­­Name: |  | Signed: |  |
| Job Title: |  | Date: |  |

Please lodge the completed, signed form with your College or Service administration team.