

Request for Forensic/e-Discovery Examination

Requestor's Contact Information – Please type or print. If not applicable enter N/A.	
Requestor's Name (First, Last):	UCFID:
Date:	Phone:
Email:	
Name (Signature):	

Signature/Approval Required – Authorization required by Chief Audit Officer, Chief Compliance & Risk Officer, Chief Legal Counsel, Chief Police Officer, Provost, or designee.		
Name (Print Name):	Title:	Date:
Name (Signature or digital signature accepted):		

Case Information – Please type or print. If not applicable enter N/A.		
Suspect Name:	Suspect NID or EMPLID:	
Date and Time Incident Occurred:	Physical Location of Affected System/Network:	
Date: _____ Time: _____		
Device in Question: <input type="checkbox"/> Windows <input type="checkbox"/> Apple <input type="checkbox"/> Unix/Linux <input type="checkbox"/> Cellular <input type="checkbox"/> Camera <input type="checkbox"/> Other		
Type of Incident: <input type="checkbox"/> Unauthorized Access <input type="checkbox"/> Inappropriate Usage <input type="checkbox"/> Malicious Code <input type="checkbox"/> e-Discovery <input type="checkbox"/> Other		
Computer Hostname:	IP Address:	Restricted Data Involved (As defined in policy 4-008)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Service/Data Requested - Describe, in detail, what the objective is for this request, the type of data you expect to find, and any special handling requirements regarding confidentiality. For search matching purposes, please list all relevant keywords and variations, being as specific as possible. Attach any reports, statements, or other documentation which may assist in the examination.

	Data Types of Interest: <input type="checkbox"/> Email <input type="checkbox"/> Documents (Word,PDF,etc) <input type="checkbox"/> Web History <input type="checkbox"/> Images <input type="checkbox"/> Audio/Video <input type="checkbox"/> SMS <input type="checkbox"/> Other
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