

INFORMATION RELEASE AUTHORIZATION

1. REQUESTOR:

Department Name: _____

Department Head: _____
Signature *Name, please print*

Call Records Calling Number: _____

Called Number: _____

Voicemail Mailbox Number: _____

Network Logs IP Address/Hostname: _____
source *destination*

Source MAC address: _____

Username or PID: _____

Other Email / Document / Other: _____

START DATE: _____ **END DATE:** _____

Brief description / reason for the request (attach supporting documents as necessary):

2. AUTHORIZATION FOR RELEASE OF INFORMATION: *(NI&S Internal Use Only)*

William C. Dougherty, Executive Director, NI&S *Date*

3. I HAVE RELEASED THE INFORMATION: *(NI&S Internal Use Only)*

Name of person providing information, PLEASE PRINT *Date*

4. I HAVE RECEIVED THE INFORMATION INDICATED ABOVE:

Signature *Date*

Name, PLEASE PRINT

Return original master copy to NI&S Executive Director's office for permanent record retention.