Request for Forensic Examination

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| **Contact Information (*Please type or print, if not applicable enter N/A*):** |
| **Request Date:**       |
| **Examination Requested by:**      | **Department:** | **Title:** |
| **Address:**      | **Building:** | **Room Number:** |
| **Phone:**      | **Email:** | **Fax:** |
|  |
| **Signature/Approval Required (*Authorized by Provost or the Office of the General Counsel*):** |
| **Print Name:       Title:       Date:** |
| **Signature:**  |
|  |
| **Case Information (*Please type or print, if not applicable enter N/A*):** |
| **Physical Location of Affected System/Network:** |
| **Date and Time incident Occurred:**Date(mm/dd/yy):       Time(hh:mm am/pm):       |
| **Computer Hostname:** **IP Adress:**  |
| **Operating System:****[ ]** Windows [ ]  Apple [ ]  Unix/Linux [ ]  Cellular [ ]  Camera [ ]  PDA [ ]  Audio/Video [ ]  Other |
| **Type of Incident:****[ ]** Denial of Service [ ]  Malicious Code [ ]  Unauthorized Access [ ]  Inappropriate Usage [ ]  Other |
| **Suspect Name:** | **Restricted Data Involved (As defined in policy 4-008)?****[ ]  Yes [ ]  No** |
| **Service Requested:****(Please Type or Print)** | Describe in detail what is needed, what type of data you expect to be present or any special handling requirements regarding confidentiality. Please attach any report, statements, or other documentation which may assist in the examination, e.g., search terms, logon names, etc. |
|       |