

REQUEST FOR RECORDS ACCESS

I request access to the following UCSD records which are retrievable either by my name or other identifying particular:

Name/Identifier	Record Title	Location of Record	Date

9 If record(s) available elsewhere, I will review at:

9 If a copy of requested records is available, mail to me at:

Signature of Requestor:	Phone Number:	Date:
ID required to insure that access is provided only to the person to whom the data and records pertain	Form of ID Used:	ID Verified by:

I, _____, _____, _____
 Name Title Location

Have reviewed the above request, and have taken the following action:

9 Provided Access as requested.

9 Access denied for the following reason:

9 Records identified as confidential as defined in Article 2, Section 1798.3(A) of the Civil Code

9 Records requested not maintained by UCSD

9 Records in another location: request forwarded

9 Fee required of 10c per page to provide copy.

9 Unable to locate records as identified

No. Of pages ____ @ 10c each = ____

9 Retention period expired: file has been purged

copy will be mailed upon receipt of this amount

9 Other: _____

Comments:

Signature of File Official:	Phone Number:	Date:
<p>NOTE: If access is denied, you may appeal the denial by submitting a copy of this form to Linda Maczko, Information Practices Act Coordinator, Mail Code 0014, University of California, San Diego, La Jolla, California 92093-0014.</p> <p>9 Review/Appeal of the above decision to deny access is requested.</p>		
Signature of Requestor:	Phone Number:	Date:
<p>I have reviewed the above decision as requested and have determined:</p> <p>9 Access will be provided</p> <p>9 Access is denied. Requested records are confidential as defined in Article 2, Section 1798.3(A) of Civil Code.</p>		
Signature of Information Practices Act Coordinator	Phone Number:	Date: