

UCLA Health
BOX Cloud Storage Disposition/Consensual Access
Authorization Form

Complete this form to request consensual access to an employee's Box account and/or to specify the final disposition of their Box account if the employee is leaving your department. If you have any questions, please contact the DGIT Support at (310)267-2273.

THIS SECTION TO BE COMPLETED BY REQUESTING DEPARTMENT

Requestor's Name: _____ Department: _____

Original Box Owner Name: _____ Email Address: _____

- 1) Is the Box owner leaving UCLA? Yes No
- 2) Is the Box owner transferring to a UCLA Health department? Yes No
- 3) Is the Box owner on, or going on-leave (disability, maternity, etc.)? Yes No

If employee is leaving UCLA or transferring to another department, please specify the disposition of their Box account:

- 1) Disable Box account: Immediately After: ___ / ___ / ___
- 2) Delete Box account: Immediately After: ___ / ___ / ___
- 3) Do not delete, employee is transferring to : _____ Effective: ___ / ___ / ___

Other Instructions/Comments: _____

Requestor's Signature	Title	Date

THIS SECTION TO BE COMPLETED BY BOX OWNER ONLY IF DEPARTMENT IS REQUESTING ACCESS TO THEIR BOX ACCOUNT

Do you grant the requestor above, consensual access to your Box account? Yes No

Other Instructions/Comments: _____

Box Owner's Signature	Date

Return to DGIT SUPPORT:
 10880 Wilshire Blvd., Suite 1200, Los Angeles, CA 90095-1767
 Mail Code: 176746 / Fax (310)794-8936**