



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Request to Access Electronic Mail of Others

When completed, this form must be submitted to the DJJ Information Security Manager.

1 Name, Title, and Department of person whose communications would be accessed:

Name and Title Department

2 Name, Title and Department of person who will do the accessing:

Name and Title Department

3 Reason for access request: _____

4 How long should the special access last? _____

5 What will be done with the accessed messages? _____

6 With whom will they be shared? _____

Signature of Requesting Department Supervisor Date

Signature of Assistant Secretary Date