Records & Information Form

Access Request for Records in Records & Information Custody

Use this form to request access to records that are in the custody of the University’s records management department – known as ‘Records & Information’.

Upon completion, send this form to Records & Information: [records-info@unimelb.edu.au](mailto:records-info@unimelb.edu.au).

## Request summary

|  |  |
| --- | --- |
| Record(s) requested by (name): |  |
| Contact email and phone: |  |
| Role/profession: |  |
| Institution, company or firm: |  |

## Research and record details

|  |  |
| --- | --- |
| Lecturer, supervisor or person directing the research (name): |  |
| Is this research related to an education degree/qualification? | Yes  No  If Yes, please provide the course and subject details: |
| Subject of enquiry or research synopsis: |  |
| Is this research sponsored by a third party? | Yes  No  If Yes, please provide details: |
| Details of the records to be made available: |  |

## Declaration

|  |
| --- |
| I, [name of record requestor]  Have read the principles and conditions outlined in the [University Access Management Framework for University of Melbourne Archives Collections](https://library.unimelb.edu.au/asc/collections/archives/sensitive-and-restricted/access-management-framework) and undertake to fulfil the requirements of the principles and conditions.  I agree that I will not pass to a third party any copies of, or notes derived from the records, unless I have previously declared that party to Records & Information.  Date: |

# Records & Information Use Only

## Access checklist (Seek advice from Legal services and Information Regulation, as required)

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Response** |
| 1. | Has the request been adequately documented? | Yes  No |
| 2. | Are the records requested relevant to the access request? | Yes  No |
| 3. | Do the records need to be checked for legal opinions? | Yes  No |
|  | If yes, have the records been forwarded to Legal Services for checking? | Yes  No |
| 4. | Do the records have a commercial value that would be diminished or destroyed if the information were disclosed? If yes, seek advice. | Yes  No |
| 5. | Has the information in the records been communicated in confidence? If yes, seek advice. | Yes  No |
| 6. | Do the records contain personal information? If yes, seek advice. | Yes  No |
| 7. | Will disclosure of this information have an adverse effect on the University?  If yes, seek advice. | Yes  No |
| 8. | Will disclosure prejudice the conduct of an investigation of a breach, or possible breach, of the law or prejudice a trial or adjudication of a case? If yes, seek advice. | Yes  No |

## Access recommendation

|  |  |
| --- | --- |
| Access recommended: | Yes  No |
| Checklist completed by (name): |  |
| Date: |  |

## Access authorisation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Access authorised: | | Yes  No | |  |  |
| Name: |  | Signature of Authorised Officer: |  | OR | Approval obtained via email (attached) |
| Date: |  |  |