**Enterprise Security and Risk Management Office
Forensic Examination Request Form**

*(Table to be completed by person collecting computer at the agency)*

|  |  |  |  |
| --- | --- | --- | --- |
| Date and Time of Collection: |  | Collected By:(Name/Title) |  |
| Description of Items: |  |
| Serial Number: |  | Fixed Asset Tag: |  |
| Brand: |  | Model: |  |
| Operating System: |  | Number of Hard Disks and Size: |  |
| Agency Name: |  | Location Items Collected From: |  |
| Reason for Request: |  |
| Agency Security Liaison: |  | Telephone / E-Mail Address: |  |
| Persons Authorized to Receive Report: |  |
| Incident Reported to DIT/ESRMO: |  | Date / Time Report Made: |  |
| DIT/ESRMO Contact: |  | Internal Agency Tracking #: |  |

**Forensic Examination Request:***(To be completed by Agency Security Liaison, Agency CIO, or Agency Head)*

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a North Carolina government agency, requests the DIT Enterprise Security and Risk Management Office (ESRMO) conduct a forensic analysis of the item(s) described above. I authorize the transfer of the item(s) collected which is owned and/or controlled by us, to DIT ESRMO in compliance with our request for the completion of a forensic analysis or in compliance with a request from law enforcement for the above described purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Security Liaison, CIO, Agency Head – Printed Name & Title) (Signature) (Date/Time)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Received By [DIT ESRMO] – Printed Name & Title) (Signature) (Date/Time)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Received From [Agency] – Printed Name & Title) (Signature) (Date/Time)

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(Returned To [Agency] – Printed Name & Title) (Signature) (Date/Time)