University departments must submit this request for an exception to any requirement of the IT Security Standard 5003s. Please attach additional documentation as necessary to support the exception request. For questions about completing exception request forms, please contact the Information Security Officer (ISO).

Department Name:

Contact Name: Contact Phone #:

Requested Exception

Justification of the Exception

Scope and Duration of the Exception

Risks Related to the Exception

Controls in Place to Reduce the Risk of the Exception

Remaining Risk of the Exception with Controls in Place

Dean/Director's Approval

Dean/Director's Name (Please Print):

Dean/Director's Signature:

Area Vice President's Approval

I have evaluated the business issues associated with this request and I accept any and all associated risks as being reasonable under the circumstances.

Area VP's Name (Please Print):

Area VP's Signature:

Division of Information Technology's Approval

Vice President of IT & CIO's Signature:

Information Security Officer's Signature:

◯ Approved   ◯ Not Approved   Date of Decision:

Print, Sign and return completed form to: **Division of Information Technology, Box 6888**