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| C:\Documents and Settings\okochiss\My Documents\My Pictures\image001.jpgSecurity Exception Request Form  **C:\Documents and Settings\okochiss\My Documents\ISO Logos\ISO\TransSmall.pngThe University of Texas at El Paso** | | |
| **REQUESTOR INFORMATION** | | |
| **DATE:**  **REQUESTOR NAME:**  **DEPARTMENT:**  **PHONE NUMBER:**  **EMAIL ADDRESS:**  **BUILDING & ROOM NUMBER:**  **SYSTEM ADMINISTRATOR:**  **PHONE NUMBER:**  **EMAIL ADDRESS:** | Click here to enter text. | |
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| **Exception Information** | | |
| **Item(s) or Standard(s) for which you are requesting exception for:** | | |
| Click here to enter text. | | |
| **Justification for Granting Exception:** | | |
| Click here to enter text. | | |
| **Highest Level of Data to reside on device/information resource:** | | |
| **CONFIDENTIAL  CONTROLLED  PUBLISHED** | | |
| **Data, Departments/Customers that may be placed at risk or may be affected by the exception:** | | |
| Click here to enter text. | | |
| **Proposed plan/steps to mitigate/manage risk(s) associated with non-compliance:** | | |
| Click here to enter text. | | |
| **Anticipated duration for Exception:** | | |
| Click here to enter text. | | |
| **Additional Information (attach additional pages if required):** | | |
| Click here to enter text. | | |
| **Department Chair, Dean or Vice President** | | |
| **Name** | **Signature** | **Date** |
| **For Information Security Office Use Only** | | |
| **Approved  Denied  Additional Information Requested**  **Chief Information Security Officer Signature Date**  **Comments:** | | |