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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:** |