



Appendix

Request for Policy Exception Form

Data Owner		Date Requested:
Name:		
Title:		
Agency:		
Section:		
Exception Type		
Policy Section:		
Appendix Item:		
Duration of Exception		
Date From:		
Date To:		
Reason or Justification for Exception (Please describe in detail)		
Exception will result in Risk or Impact to:		
Agency:		
Additional Agencies:		
User(s):		
System(s):		
Risk Mitigation Strategy / Proposed Compensating Control(s)		
<small>Signatures</small>		
Data Owner:		
Date		
Agency Executive Director:		
Date		

CISO Notes:

CISO Approval Signature & Date