



UTIA IT0302F - INFORMATION TECHNOLOGY POLICY EXCEPTION REQUEST FORM

This form is to be used in conjunction with the [UTIA IT0302 – Information Technology Formal Exception Policy](#). Please review the policy in its entirety, and then complete the form. Please use as much space as necessary to complete the form, giving as many details as possible. Once the form has been completed, please email to Sandy Lindsey, University of Tennessee Institute of Agriculture (Institute) Chief Information Security Officer (CISO), at sandy@tennessee.edu. Should you have questions about anything you are being asked on this form, please email Sandy.

Name of the Institute’s IT policy and/or procedure from which you are requesting exception.

- 1. Please describe the business process related to the exception and who it impacts (i.e., name of Group, Department, Unit, etc.).**
- 2. Please describe in detail the reason for non-compliance.**
- 3. Please give the business justification for non-compliance.**
- 4. Please give the computer’s hardware (MAC) address for both wired and wireless network interface cards.** (To get this, open a command prompt and type in **ipconf/all**. Please include all the “Physical Address” listings that you see. There is one for each type of network card in the computer.)

5. Please give a description of data being stored, processed, or accessed that will be potentially affected by non-compliance. This includes PCI, HIPAA, FERPA, or other data that has additional restriction requirements based on industry standards or state/federal laws and regulations.

6. Please describe all potential risks associated with non-compliance.

7. Please describe your maintenance plan, include mitigating controls for managing risk associated with non-compliance.

8. Please give the anticipated period of non-compliance.

9. Please provide proposed date to review progress toward compliance (no more than 12 months).

10. Provide any additional information that may support the need for a temporary exception:

By signing this form, you understand that you are responsible for making the necessary changes required to be compliant with the Institute IT policy or procedure for which you are requesting temporary exception. The information you have provided will be reviewed and a decision will be provided to you in writing. You are not guaranteed an exception.

You also understand that by signing this form, you are accepting any risk associated with being non-compliant. Any compromise or breach that occurs due to non-compliance will be the responsibility of the department. This includes fines or other costs that may be incurred.

Once you and your Director/Department Head have signed the form, please forward to the Institute's Chief Information Security Officer for initial review.

Requester (print name)	Title
Requester Signature	Date
Director/Department Head (print name)	Title
Director/Department Head Signature	Date
Sandra D Lindsey, UTIA CISO (Initial Review)	Date
Chris Shotwell, Associate Vice Chancellor for Business & Finance Signature	Date
Dean (print name)	Unit
Dean Signature	Date

Status of Request

You have been

___ Denied for exception

___ Approved for exception

Date of expiration _____

Date of follow-up review _____

based on the information described in this document.

Reviewer's Comments:

Name	Title	Signature	Date
Sandra D. Lindsey	Chief Information Security Officer, UTIA		