|  |
| --- |
| **Summary of Request:***(Requestor describes specifics of the exception, including the risks to be accepted, duration of the exception, and which Secure UD DGSP Security Standard exceptions are required)Policy Exception Request* |

|  |
| --- |
| **Risk Acceptance Justification:***(Requestor describes the business need/impact for the exception, including alternatives evaluated and any perceived business benefit)* |

|  |
| --- |
| **Impacted Systems, Services, and Data:***(Requestor describes the information systems, services, and data that are at risk, including data classification)* |

|  |
| --- |
| **Summary of Compensating Information Security Controls:***(Requestor describes existing technical/procedural controls to mitigate the risks above, including “None” if no controls are implemented)* |

|  |
| --- |
| **Corrective Action Plan:***(Requestor describes a step by step plan to mitigate risk and become compliant with UD DGSP Security Standards, including any plans to phase out the exception, if any)* |

|  |
| --- |
| **IT Security Assessment:***(IT Security describes specifics of the risk to be accepted, including the description and likelihood of specific risk(s) to the University and confirmation of which Secure UD DGSP Security Standard exceptions are required)* |

|  |
| --- |
| **Risk Acceptance:**I understand that compliance with University information security policies and standards is expected for all organizational units (e.g. schools and departments), information systems, and communication systems. I believe that the control(s) required by University policy including the Secure UD Data Governance & Security Program (Secure UD DGSP) cannot be complied with due to the reasons documented above. I accept responsibility for the risks associated with this exception to information security policies. I understand and accept the risks documented herein and certify that my unit will be responsible for direct and indirect costs incurred due to incidents related to the identified risks. I also understand that this exception may be revoked by the Chief Information Security Officer and will be subject to annual review and renewal. |
| Requestor (signature) Date |
| Requestor Name and Title (printed)  |
| Unit Head (signature) Date |
| Unit Head Name and Title (printed) |

|  |
| --- |
| **Acknowledgement of Receipt:** |
| Chief Information Security Officer (signature) Date |
| Chief Information Security Officer Name (printed) |

|  |  |
| --- | --- |
| Date received by UD Central IT: |  |