

Information Technology Security Exception Request Form



Information Technology: 409 740 4714, helpdesk@tamug.edu

Texas A&M University Galveston Campus has implemented security measures to protect our end users and their data on University issued devices. These measures include full disc encryption, addition to the TAMUG Domain, end point protection, removal of administrative permissions, approved software use and patch management. If you have reason to believe that you cannot operate within these security measures and want to request an exception please fill out this form and **Email completed signed form to helpdesk@tamug.edu.**

Please refer to ([TAMU Security Controls](#), [TAMU SAP's](#)) for further information about the various controls and SAP's that University personnel are required to follow.

Requestor Information

Name: _____ Date: _____

Phone: _____ Email: _____

Department: _____

Exception Information

DNS (Computer) Names of Machine(s):

Type of Request (place and X on your selection)

- ☐ Retain Administrative Rights
- ☐ Request to Use Personal Device for University Business
- ☐ Non-TAMUG Domain
- ☐ Vulnerable Computer - Retain Network Access
- ☐ SSN Retention
- ☐ Significant IT Equipment (See Definition: [Significant IT](#))
- ☐ Other SAP or Security Control ([TAMU Security Controls](#), [TAMU SAP's](#))

Exception Description: Describe the exception you are requesting and the inability to utilize the existing standard, process or policy.

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Business Justification: Describe the business reason for needing the exception.

Business Impact: Describe the business impact if the exception is not granted.

Compensating Controls: Describe what controls will be put in place to mitigate any exposure to the University, include initial and on-going controls. (Examples: patch updates, user accounts, passwords, drive encryption).

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Data Sensitivity: Describe what type(s) of data will be hosted on the machine. Refer to TAMU Data Classification for definitions. [TAMU Data Classification](#)

Users: List current users of the machine and if staff, faculty or student.

By signing this document you are agreeing to implement any compensating controls required to protect University data from misuse and unauthorized access.

Requestor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Information Technology Internal Use Only

ISO Approval: _____ Date: _____

CIO Approval: _____ Date: _____

COO Approval: _____ Date: _____