ENTERPRISE INFORMATION SECURITY OFFICE
EXCEPTION REQUEST FORM

Confidential when Completed

Section1: Exception Information

1.1 Requestor Information

Name:	Phone:	Date:
Business Unit:	E-mail:	

1.2 Exception Details

Policy Reference:	Standard Reference(s):	Exception End Date (no more than one year):

Agency(s) Impacted:

System(s)/Hardware Impacted *(if applicable)*	Will this impact the processing, storage and/or transmission of PPSI?

1.3 Reason for Exception Request

1.4 Description/Assessment of Risk

1.5 Compensating Controls *(to mitigate risk associated with noncompliance)*

1.6 Corrective Action Plan

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Section 2: Requestor Authorizations

2.1 Information/Business Owner	Name:
2.2 Information Security Officer (ISO) / Designated Security Representative	Name:
2.3 Chief Information Officer (CIO)	Name:
2.4 Commissioner/Executive Deputy (or equivalent)	Name:

Submit via Email *or*

Please print and return to: **Print Form**

eiso@its.ny.gov *or*
State Campus, Building 7A, 1220 Washington Avenue, Albany, NY 12242

Section 3: Exception Approval/Denial

Exception:	**Proposed Review Date:**

Reason for Denial:

Only enter if Exception is Denied

3.1 Enterprise Chief Information Security Officer/Deputy CISO	Name: