NEW YORK STATE | Office of Information Technology Services

State Capitol P.O. Box 2062
Albany, NY 12220-0062
www.its.ny.gov

Chief Information Security Office - Exception Request Form

Confidential when completed

Section 1: Exception		
1.1 Point of Contact Information:		
Name:	**Phone:**	**Date:**
Business Unit:		
Email:		
1.2 Exception Details:		
Policy and Standard Reference:		**Exception End Date:**
Agency(s) Impacted:		
System(s) Hardware Impacted (if applicable):		
Will this impact the process, stage, and/or transmission of PPSI?		
Yes ☐ No ☐	PPSI description:	
1.3 Reason for Exception Request:		
Background Information (This should include the business functions impacted if the exception is not approved):		
Reason for Request:		
1.4 Description/Assessment of Risk:		
1.5 Compensating or Mitigating Controls (to reduce or eliminate risk associated with non-compliance):		

1.6 Corrective Action Plan / Mitigation Plan / Risk Acceptance:
1.6.1 ITSM# and ITSM# Additional Information:
1.6.2 Is the impacted user accessing internally or externally?
☐ Internal only ☐ External
1.6.3 Attached data flow diagram(s)
1.6.4 Does this exception fall under an existing project (e.g., CRRP)?
☐ Yes ☐ No ☐ N/A

Section 2: Requestor Authorizations

2.1 Information/Business Owner:	X_____ Title:	**Date:**
2.2 Cyber Risk Coordinator (CRC) or Information Security Officer/designated security representative (ISO):	X_____ Title:	**Date:**
2.3 Deputy Commissioner of Technology (if appropriate):	X_____ Title:	**Date:**
2.4 Commissioner/Executive Deputy (or authorized designee)**:**	X_____ Title:	**Date:**
Return to: ciso@its.ny.gov	NYS Office of Information Technology Services Chief Information Security Office 31 British American Blvd Latham, NY 12210 Phone (518) 242-5200	
2.5 Additional Comments by any Authorized Signers: *(Provide Role/Name before comments)*		

Section 3: Exception Approval/Denial *(For CISO Use Only)*		
Approved☐ Denied ☐	**Proposed Review Date:**	
Reason for Denial:		
3.1 Chief Information Security Officer or Delegate:	X_____	**Date:**