Policy Exception Request Form

Request for Exception to SOA Information Security Policy

This form is to manage exceptions to State of Alaska (SOA) information security policies due to operational constraints, technical limitations, legal requirements or other issues.

Signing this form acknowledges your agreement to comply with SOA policies until the specific exception has been approved.

(This is an interactive form and can be filled out online and printed for signatures or printed blank and manually completed.)

Department: _____

Division: _____

Policy Number: _____

Policy Requirement Description:

_____

Business Exception Requirement Description:

_____

_____

_____

Risk Associated with Exception:
(Reference SOA policy ISP-102 Risk Management for further clarification)

_____

_____

_____

Description and Schedule for Application of Compensating Controls:
(Reference SOA policy ISP-102 Risk Management for further clarification)

_____

_____

_____

Planned Approach to Reach Policy Compliance:

_____

_____

_____

Is this a biennial annual RENEWAL? NO: ☐ YES: ☐ Original Authorization Date: _____

Effective Date of Request: _____

This form continues on next page

SOA Requesting Person

Requester (Print Name)

Requester (Signature) Date

Department Information Security Officer (ISO) or Designee

ISO (Print Name)

ISO (Signature) Date

Department Commissioner (Print Name)

Department Commissioner (Signature) Date

Chief Security Officer (CSO) Recommendations

CSO (Print Name)

CSO (Signature) Date

☐ Approve Exception:

☐ Denied Exception:

Required Information to SSO:

Department of Administration Commissioner – Chief Information Officer (CIO)

CIO (Print Name)

CIO (Signature) Date

☐ Approve Exception:

☐ Denied Exception: