

Computing Device Encryption Exception Request

Form Must Be Typed Electronically; Handwritten Submissions Will Not Be Accepted

Requestor Information	Computing Device Information
Name: _____	Device Name: _____
NetID: _____	Asset Tag #: _____
Department: _____	Building, Room#: _____
Phone: _____	Type: _____

Exception Request Details	
Requested expiration date(default is 1 year from approval date): _____	<p style="text-align: center;">Information Security Office Use Only</p> <p>Received: _____</p> <p>Status: <input type="checkbox"/> A <input type="checkbox"/> D</p> <p>Notice: _____</p>
Device Use: _____	
Will Deep Freeze be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe current use: _____	

How is the device physically secured when not in use? _____	
Describe the reason device cannot be encrypted, retired, or replaced: _____	

Provide details on proposed or in place compensating controls: _____	

Requestor Acknowledgement
I understand that:
<ul style="list-style-type: none"> - Consistent with UT System policies all University owned portable devices, high risk desktop computers, and desktop computers purchased after September 1, 2013, (collectively, "computing devices") must be encrypted. - By signing this request, I attest that the device identified above (by Asset Tag #) does not currently contain any confidential or controlled information. - If confidential or controlled information is ever stored on this computing device, it is my responsibility to ensure it is encrypted. - If confidential or controlled information is discovered on this computing device and it is not encrypted, any exception for the device will be revoked. - When this computing device reaches its end-of-life, I am responsible for following all University policies and procedures related to its surplus and removal from the departments inventory. - I am required to renew this exception request annually and for portable devices, maintain visible deterring labeling on the device.

Requestor Signature
Signature: _____ Date: _____

Dean/Department Head Acknowledgement
<ul style="list-style-type: none"> - I understand that this exception is not valid until approved by the Information Security Office and reviewed by the President (or designee). - I understand that I am required to evaluate and reapprove this exception request annually and to ensure that this computing device is in compliance with encryption policies irrespective of to whom it is assigned. - I understand that approved exceptions may be subjected to random compliance checks by the Department of Internal Audits or the Information Security Office. - I approve this encryption exception and understand that if confidential or controlled information is stored on this computing device this exception will be revoked.

Dean/Department Head
Name: _____ Signature: _____ Date: _____

Fax or scan & email the completed form, with signatures, to the Information Security Office at (817) 272-2612 or security@uta.edu.

CONFIDENTIAL INFORMATION: Information that is collected pursuant or that is related to the University's Information Security Program is subject to Section 552.139 of the Texas Government Code and is therefore confidential by law.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.