Submit completed form via a “[Priv Account (Local Admin Access)](https://www.mass.gov/how-to/priv-account-local-admin-access)” request in ServiceNow under the “Security and Firewall” category.

Please contact [EOTSS-CentralizedIntake@mass.gov](mailto:EOTSS-CentralizedIntake@mass.gov) if you have questions about submitting this request as incomplete submissions may adversely impact this exception request.

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| **Requester Information:** | | | |
| **Requester Name:** Click or tap here to enter text. | **Requester Title:** Click or tap here to enter text. | **Requester Business Unit:** Click or tap here to enter text. | **Secretariat and Agency:** Click or tap here to enter text. |
| **Office Location:**  Click or tap here to enter text. | **Email:**  Click or tap here to enter text. | **Phone:**  Click or tap here to enter text. | **Request Date:**  Click or tap here to enter text. |

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| **System Information:** | | | |
| **System:** Click or tap here to enter text. | **OS**: Click or tap here to enter text. | **OS Version**: Click or tap here to enter text. | **Supporting/Managing Agency**: Click or tap here to enter text. |
| **Application Name**: Click or tap here to enter text. | **Version**: Click or tap here to enter text. | **OS**: Click or tap here to enter text. | **Supporting/Managing Agency**: Click or tap here to enter text. |
| **System/Data Owner (Agency**):Click here to enter text. | | | |
| **Criticality of the System**: | **Low** | **Medium** | **High** |
| **Agency Head/CISO**:Click here to enter text. | **E-mail**:Click here to enter text. | | **Phone**:Click here to enter text. |

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| **Affected Servers (DNS Name & IP Address):** | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Data Classification:** |
| HIPAA (Health Insurance Portability and Accountability Act),  FTI (Federal Tax Information),  PCI (Payment Card Industry),  SSA (Social Security Administration),  PII (Personally Identifiable Information),  Other (Please list laws, regulations, or requirements): Click here to enter text.  Provide a brief description of data:Click here to enter text. |

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| **Exception Information:** |
| **Exception Rationale**: (*Explanation for why exception is being requested. Detail explanation of inability to utilize existing standard, process, technology, etc., with the existing policy exception).* Click here to enter text. |
| **Applicable Enterprise Policy/Standard:** (i.e. Access Management Standard) Click here to enter text. |
| **Applicable Standard Statement:** (i.e. 6.4.1.1: password length less than 12 characters) Click here to enter text. |
| **Risk posed by exception:** (verified and assessed by GRC Team): Click here to enter text. |
| **Are there mitigating controls?** (*controls the help to minimize risk/exposure posed by exception*)*:* |
| **Duration of Exception:** (E*xpected length of this policy exception;* ***Note: Permanent Exceptions are not permissible****)* |
| **Path to compliance:** (*Explain* h*ow exception will be resolved, i.e. how controls will be implemented, maintained, and reviewed during the life of this exception – List responsible party for maintenance and review)*: |

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| **Approvals:** |
| ***Note: All managerial approvals must be obtained via email, and the email(s) must be submitted along with this form as attachments to the ServiceNow ticket.***  **Requestor's Manager/Supervisor: Date: Phone:**  Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.   |  |  |  | | --- | --- | --- | | Approve | Denied | **Reason for Denial:** |   *By approving, you approve and adhere to the conditions of the exception request*. |
| ***Note: All managerial approvals must be obtained via email, and the email(s) must be submitted along with this form as attachments to the ServiceNow ticket.***  **System/Data Owner (Agency**): **Date: Phone:**  Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.     |  |  |  | | --- | --- | --- | | Approve | Denied | **Reason for Denial:** |   *By approving, you approve and adhere to the conditions of the exception request and accept any security risk to your data or system as a result of this security exception request.* |
| **THIS SECTION IS TO BE COMPLETED BY GRC ONLY:** |
| **GRC Recommendation: Date: Phone:**  Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.     |  |  |  | | --- | --- | --- | | Approve | Denied | **Reason for Denial:** | | **Length of Approved Exception:** Click here to enter text. | | |   *The risk(s) posed by this exception request have been explained to and accepted by the data/system owner.* |
| **CISO or his/her Designee:** **Date: Phone:**  Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.   |  |  |  | | --- | --- | --- | | Approve | Denied | **Reason for Denial:** | |