

Information Security Policies- Exception Form

KING SAUD UNIVERSITY
DEANSHIP OF E-TRANSACTION AND COMMUNICATION

Requester Information:		Date:	
Name:		Requester Signature:	
Job Title:			
Department:		Department Manager Signature:	
Contact Number:			
Department Manager Name:			
Exception Details:			
Policy Name:			
Policy Section:			
Service Required Exception:			
Reason and Justification for Exception (please describe in details):			
Duration of Exception:			
Starting Date:			
End Date:			
Risk or Impact Due to Exception:			
Service(s):			
System(s):			
User(s):			
Proposed Compensating Control(s) to Mitigate the Risk:			
For "Risk & Information Security Department" Use			
CISO Input about Exception:			
CISO Approval:	Date		Signature