

Send completed form to dhhs.securityexceptions@dhhs.nc.gov.

SECURITY EXCEPTION**Information**

Request Title: _____

Date: _____

Agency: _____

Division: _____

Contacts

	Name	Email
Business Owner:		
Project Manager:		
Division Director:		
CISO/Security:		
Agency CIO:		

Reason for Request

Patch Management - (SI-2: Flaw Remediation)

- ☐ Software - (SA-3: System Development Life Cycle / SA-8: Security Engineering Principles)
- ☐ Hardware - (SA-3: System Development Life Cycle / SA-8: Security Engineering Principles)
- ☐ Password - (IA-5: Authenticator Management)
- ☐ Service/Group Account - (AC-2: Account Management)
- ☐ Other: _____

Project InformationCurrent Project: ☐ Yes ☐ No

Project Title: _____

Renewal: ☐ Yes ☐ No

Name of Associated Procurement: _____

Attachments☐

☐

Business Case

Please explain why the waiver is needed (details of the deficiency). Please include the following if applicable: Operation System Details, Version Information, and/or Length of Waiver Requested.

☐

Attached

Mitigation

Please explain how you are mitigating the risk. Please include the following items, if applicable:

- Network Controls (e.g. vlans, non-routable IPs, etc.)
- Other access control measures in place
- Current compliance state (e.g. based on recent scan)
- System Hardening
- Monitoring ability (how do you ensure the controls in place remain unchanged)

☐ Attached

Approvals

Requesting Division Director:

NAME	SIGNATURE
TITLE	DATE

ITD PSO:

NAME	SIGNATURE
TITLE	DATE

DHHS CIO:

NAME	SIGNATURE
TITLE	DATE