



**VETERINARY MEDICINE  
& BIOMEDICAL SCIENCES**  
TEXAS A&M UNIVERSITY

INFORMATION TECHNOLOGY RESOURCE STANDARD PRACTICE EXCEPTION FORM

Requestor Name

\_\_\_\_\_

Requestor Department

\_\_\_\_\_

Supervisor Name

\_\_\_\_\_

Asset Tag

\_\_\_\_\_

Requestor Phone Number

\_\_\_\_\_

Serial Number of Asset

\_\_\_\_\_

Requestor Email

\_\_\_\_\_

Physical Location of Asset

\_\_\_\_\_

Request Type:

Administrator Rights

Other

Reason for exception request:

(Please attach the vendor contract if dealing with a vendor)

Requestor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor Approval Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Department Head Approval Signature

\_\_\_\_\_

Date

\_\_\_\_\_

IT USE ONLY

Possible Risk(s) Identified:

Copy of Yearly Assessment Attached

YES

NO

Recommended Approval

YES

NO

Comments:

IT Assessor Name

\_\_\_\_\_

IT Assessor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

IT Manager Signature

\_\_\_\_\_

IT Director Signature

\_\_\_\_\_

IT COMMITTEE USE ONLY

Date Reviewed:

\_\_\_\_\_

Committee Members Present:

Recommended Approval:

YES

NO

Comments:

IT Committee Chair Name

\_\_\_\_\_

IT Committee Chair Signature

\_\_\_\_\_

Date

\_\_\_\_\_

DEAN USE ONLY

Date Reviewed:

\_\_\_\_\_

Approval:

Approved

Denied

Comments:

Name of Dean

\_\_\_\_\_

Dean's Signature

\_\_\_\_\_

Date

\_\_\_\_\_