

**General Exception Request**



Office of Compliance Services  
 Information Security  
 924 Westwood Blvd, Suite #520  
 Los Angeles, CA 90095-7067

**DO NOT USE THIS FORM FOR LAPTOP ENCRYPTION AND TIMEOUT EXCEPTION REQUESTS**  
 For those requests, find custom forms at <http://compliance.uclahealth.org/body.cfm?id=70>

**Instructions:**

- Requestors should complete the first page and then email to the Office of Compliance Services - Information Security, InfoSecAll@mednet.ucla.edu.
- If all necessary sections are not completed, the form will be returned to you. Ask your CSC if you need some help with the technical issues.
- If you have any questions, please contact your CSC or the Office of Compliance Services - Information Security, (310) 794-8638

**Requestor Information**

<b>Name</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Dept</b>	<input type="text"/>
<b>IT Support Contact</b>	<input type="text"/>		

**Policy statement for which an Exception is being requested**

<input type="radio"/>	All Devices that are connected to a UCLA network whether owned by UCLA or others shall be continually executing approved virus scanning software with current virus definitions.
<input type="radio"/>	UCLA Health shall run versions of operating systems and application software for which security patches are made available in a timely manner on network Devices.
<input type="radio"/>	Wireless Access Points must comply with HS Policy No. 9457, "Minimum Security Standards," Appendix IV, "Wireless Communication Configuration Standard."
<input type="radio"/>	OTHER <input type="text"/>

**Describe in detail why the exception is necessary**



Information Security Review

Reviewer

Date

Approve exception request?	<input type="radio"/> YES	<input type="radio"/> NO
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Comments

Leadership Review

Reviewer

Date

Approve exception request?	<input type="radio"/> YES	<input type="radio"/> NO
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Comments