



DEPARTMENT OF JUSTICE (DOJ) RESEARCH CENTER (DOJRC) SECURITY VARIANCE FORM FOR DATA ACCESS NON-COMPLIANCE OF SECURITY REQUIREMENTS

The DOJRC requires this form to be completed and submitted in order to properly assess, document, and authorize exemption requests for non-compliance to the DOJRC Researcher Data Access User Agreement security requirements for the requestor's personally owned or organization provided laptop device. This form must be completed accurately and no fields ~~should be~~ left blank in order for the request to be processed. Submit the completed form to the DOJRC at DataRequests@doj.ca.gov and contact the DOJRC with any questions about this form and/or the procedure to request an exemption.

NOTE: If an exemption is approved and the California DOJ data is breached, corrupted, stolen, or lost due to the lack of security controls in place, the requestor and/or organization will be held liable and may be subject to civil and/or criminal prosecution.

Exemption request title:

Requesting organization/team:

Non-compliance to what security controls or requirements is being requested:

Exemption requested until:

1. Describe the exemption request. Provide detailed reasoning and justification for requesting the exemption.

2. Identify the security control or requirement that the requestor is unable to implement on their personally-owned or organization-issued information technology device/equipment. Why is the device/equipment not compliant, or cannot be made to be compliant? Provide a detailed explanation of the consequences if this request is not approved.



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3. When will compliance occur? If compliance will take longer than one year, non-compliance will require annual exemption renewal.

4. Summarize the mitigation plan to minimize or compensate for the risk(s) associated with this exemption.

AUTHORIZATION

I (We) acknowledge all information provided herein is true and accurate to the best of my (our) knowledge. I (we) agree to accept any security risk to the DOJ data or system as a result of this security exception request. _____ **(Requestor initials here)**

Requestor Name:

Job Title:

Requestor's Signature:

Date:

I (We) acknowledge all information provided herein is true and accurate to the best of my (our) knowledge. I (we) agree to accept any security risk to the DOJ data or system as a result of this security exception request. _____ **(Requestor's Manager initials here)**

Manager Name:

Job Title:

Manager Signature:

Date:



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Department of Justice Research Center Director:	<input style="width: 100%;" type="text"/>
Signature:	<input style="width: 50%;" type="text"/>
Date:	<input style="width: 50%;" type="text"/>
Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>	

Department of Justice Information Security Officer:	<input style="width: 100%;" type="text"/>
Signature:	<input style="width: 50%;" type="text"/>
Date:	<input style="width: 50%;" type="text"/>
Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/>	
Comments:	<input style="width: 100%; height: 40px;" type="text"/>

Anticipated length of non-compliance:	<input style="width: 100%;" type="text"/>
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NOTE: Exceptions will be valid (1) until compliance occurs or (2) for up to one year, whichever occurs first. If compliance will take longer than one year, a renewal is required. Renewals are not automatically approved and must be reviewed to ensure that assumptions have not changed and that compensating controls continue to mitigate risk to the DOJ.