

Exception Request Stakeholder Approval Form

Date of Request

Requestor Name

Department

Exception Title

Description of Exception

Justification / Reason for Exception

Impact Assessment (if not approved)

Proposed Mitigation / Controls

Stakeholder Approval

Stakeholder Name	Title/Role	Department	Approval Status	Signature	Date

Validity Period of Exception

e.g., 3 months, until (date)

Important Notes

- This form must be completed for any exception to standard policy, process, or compliance requirement.
- Provide detailed justification and impact assessment to support your request.
- All identified stakeholders must review and approve prior to implementation of the exception.
- Keep a signed copy for reference and audit purposes.

- All exceptions are temporary and subject to periodic review.