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| --- |
|  |
| **Section 1: Requestor Information** |
| Requestor Name: |       | Title: |       |
| Requestor Email: |       | Phone: |       |
| Department: |       | Dean/VP: |       |
| **Section 2: Exempt System Information** |
| (For multiple systems attach excel spreadsheet including all information requested below) |
| LU Tag Number: |       | Node Name: |       |
| Building: |       | Room #: |       |
| **Section 3: Exempt Justification**  |
|  |  |
| [ ]  | System are on the network but purchased through specific grants or government projects |
| [ ]  | System that are exclusively used in research |
| [ ]  | Departmental system currently registered as a departmental server |
| [ ]  | System runs specialized software. Please provide the name of software:       |
| [ ]  | Other (explanation):       |
|  |  |
| **Section 4: Administration Information** |
| (If this system will be managed outside of Central IT, a Departmental designee will be required who will be responsible for the security and maintenance of the system.)  |
| Name: |       | Title: |       |
| Email: |       | Phone: |       |
| Department: |       | Office #: |       |
| **I agree to comply with the adopted policies of Lamar University and Information Technology regarding the proper management of this system.** |
| Signature: |       | Date: |       |
|  |  |  |  |
| **Section 5: Approvals/Signatures** |
| Dean/VP | [ ]  Deny | [ ]  Approve | Signature:  | Date: |
| IT Security Review |  | Date: |
| CIO | [ ]  Deny | [ ]  Approve | Signature:  | Date: |

**Desktop Management Exemption Request Form**

The department requesting the exemption must submit the original completed form to the Director of Customer Support Services, Box 10020 or Library Rm 706.