



## 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](mailto: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? 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:

Signature:  Date:

Approved:  Not Approved:

Department of Justice Information Security Officer:

Signature:  Date:

Approved:  Not Approved:

Comments:

Anticipated length of non-compliance:

**NOTE: Exceptions will be valid for up to one year. 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.**