U.S. Fish and Wildlife Service
Information Security Control Policy Waiver

Date Requested: (mm/dd/yyy) _____

Region/Program: _____

Office Location:

Office: _____

Address: _____

City, State, Zip: _____

Requested by:

Name: _____

Title: _____

Phone: (_____) _____ - _____

Email: _____

Security Control/Policy:

Waiver/Exemption Request:

FWS Form 3-2443
07/12

Constraints/Risk Acceptance:

Justification/Impact if not allowed:

Timeframe:

Compensating Controls:

Approval

Requester's Signature: _____

Signature/Date

Division Chief's Signature: _____

Signature/Date

Regional Information Technology Security Manager (RITSM): _____

Signature/Date

Bureau Chief Information Security Officer (BCISO): _____

Signature/Date