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|   | ELECTRONIC AND INFORMATION RESOURCE (EIR)Accessibility Exception Request |
| 1. Requester Information  |
| Requester Name:       | Job Title:       | Date:       |
| Email:       | Phone: (   )       |
| Office Address:       | City:       | State:    | ZIP:       |
| Program or Division:       | EIR Owner:       |
| 2. Description of Inaccessible EIR  |
| EIR Title:        |
| EIR Description (if applicable, include URL address or location of hardware or office equipment)**:**       |
| EIR Type**:**[ ]  Web page [ ]  Electronic document (PDF, MS Word, PPT, etc.) [ ]  Electronic form[ ]  Software application [ ]  Multimedia or video content  [ ]  IT hardware or office equipment[ ]  Other (Describe):       |
| EIR Status:[ ]  Under development. Enter planned completion date:      [ ]  Under revision.[ ]  Completed.[ ]  Acquired or procured from third party (Name of agency or third party:      ) |
| The usage scope for this EIR is (check all that apply)**:**[ ]  Public facing, high traffic [ ]  Public facing, moderate traffic[ ]  Internal use, high number of users [ ]  Internal use, low number of users[ ]  Mission critical for service delivery [ ]  Required to perform an essential job function[ ]  Used in staff development or training[ ]  Other (Describe):       |
| 3. Justification for Exception  |
| Select the reason(s) for requesting this exception (check all that apply)**:**[ ]  Cost prohibitive [ ]  Underlying EIR technology platform not accessible[ ]  Adequate skilled resources unavailable [ ]  Large programming impact[ ]  Nearing end of life cycle [ ]  Marketplace exception[ ]  Other (Describe):      *(Question 3, “Justification for Exception,” continued on next page.)* |

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| 3. Justification for Exception (Question 3 continued from previous page.) |
| Provide supporting information to justify this request:       |
| Date of Accessibility Evaluation:       |
| Estimated cost of bringing the EIR into compliance (development cost, time, etc.):      [ ]  No estimate done. Explain:       |
| Planned Accessibility Compliance date:       [ ]  No date is planned. Explain:       |
| Other relevant information:       |
| 4. Alternative Compliance Methods  |
| Describe the alternative means of access, including time and expense to implement:       |
| 5. Recommendations |
| Dean/VP/AVP:      [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      EIR Coord.:     [ ]  N/A[ ]  Approve [ ]  Deny Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
| 6. Chief Information Officer |
| This exception request is: [ ]  Approved [ ]  DeniedComments:        |
| Duration of Exception Granted:  [ ]  3 mo. [ ]  6 mo. [ ]  12 mo. [ ]  24 mo. [ ]  Other (specify):       |
| CIO Signature:  | Date:       |

For questions or assistance completing this form, contact Texas State’s EIR accessibility coordinator.