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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  Denied  Comments: | |
| 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.