# **REQUEST FOR ADMINISTRATIVE ACCOUNT**

**School of Modeling, Simulation, & Training**

3100 Technology Pkwy

Orlando, FL 32826

**M E M O R A N D U M**

*Instructions in BLUE BRACKETS. Remove prior to submission.*

DATE: [DATE]

SUBJECT: Exception to SMST Configuration Management Plan, Local Administrator Account Requested

1. [DESCRIBE WHAT YOU’RE REQUESTING – WHAT SYSTEMS, LOCATED WHERE?] Request exception to SMST Security-Focused Configuration Management Plan, para 4.2.2, Information System Component CI Baselines. Specifically, I am requesting local administrator access to systems [SYSTEMS – attach separate sheet if necessary] located in [LOCATION].

2. [DESCRIBE WHY THIS IS NEEDED] Local administrator access is needed to [REASON].

3. [HOW WILL YOU PROTECT THIS SYSTEM & THE DATA ON IT]

[YOUR SIGNATURE]

[YOUR NAME]

[YOUR POSITION TITLE]

|  |  |  |
| --- | --- | --- |
| **Role** | **Name and Signature** | **Decision** |
| **Supervisor:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Signature | O Approve O Disapprove |
| **IT Compliance:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Signature | O Concur O Oppose |
| **Director/ISO:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Signature | O Approve O Disapprove |