



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 site/page	Electronic document (PDF, MS Word, PPT, etc.)	Electronic form
Web application	Multimedia or video content	IT hardware or office equipment
Software application	Other (Describe):	

EIR Status:

Under development. Enter planned completion date:

Under revision.

Completed.

Acquired or procured from third party. Name of vendor or third party:

Provided through a hosted or managed services contract. Name of vendor or third party:

The usage scope for this EIR is (check all that apply):

<input type="checkbox"/> Public facing, high traffic	<input type="checkbox"/> Public facing, moderate traffic
<input type="checkbox"/> Internal use, high number of users	<input type="checkbox"/> Internal use, low number of users
<input type="checkbox"/> Used by students	<input type="checkbox"/> Used in staff development or training
<input type="checkbox"/> Required to perform an essential job function	<input type="checkbox"/> Mission critical for service delivery
<input type="checkbox"/> Other (Describe):	

3. Justification for Exception

Select the reason(s) for requesting this exception (check all that apply):

<input type="checkbox"/> Cost prohibitive	<input type="checkbox"/> Underlying EIR technology platform not accessible
<input type="checkbox"/> Adequate skilled resources unavailable	<input type="checkbox"/> Large programming impact
<input type="checkbox"/> Nearing end of life cycle	<input type="checkbox"/> Marketplace exception
<input type="checkbox"/> Other (Describe):	

(Question 3, "Justification for Exception," continued on next page.)

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 (for internal use)

Dean or Vice President: Approve Deny Signature: _____ Date: _____
EIR Accessibility Coordinator: Approve Deny Signature: _____ Date: _____
University CIO: Approve Deny Signature: _____ Date: _____

6. President of Texas A&M University (for internal use)

This exception request is: Approved Denied
Comments:

Duration of Exception Granted: 3 mo. 6 mo. 12 mo. 24 mo. Other (specify):

University President: _____ **Date:** _____

For questions or assistance completing this form, contact Texas A&M Information Technology Accessibility Services at 979-458-3251. The completed form should be routed through the appropriate Dean or Vice President and sent to ITaccessibility@exchange.tamu.edu.