**Date for submission to Informationssikkerhed:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Completed Dispensation Application is sent to:** [informationssikkerhed@au.dk](mailto:informationssikkerhed@au.dk)

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| --- |
| Dispensation Application concerning: |
| *Indicate here which system, service or solution it relates to.* |
| Applicant: |
| Name:  AUID:  Department unit: |
| Justification for applying for a dispensation: |
| *Thorough description of what a dispensation is sought for.*  *Why and what is a dispensation sought for?*  *What has been done about measures and the development of new solutions to avoid a dispensation?*  *Why have initiatives and new solutions not succeeded - is it technically or financially justified?* |
| **Consequence for the business if no dispensation can be granted:** |
| *Are there users who cannot perform their daily functions?*  *Can AU lose revenue - ie. economic considerations?*  *Is personal information processed incorrectly in relation to the GDPR, so that it may give rise to a complaint from the Danish Data Protection Agency (Datatilsynet)?* |
| **Technical vulnerabilities and risks of continuing with the current solution:** |
| *Can the system not be patched up to the appropriate secure level?*  *Could there be access rights issues?* |
| Involvement: |
| *Who is involved in the dispensation application in addition to the applicant (e.g. steering group, system owner, manager?* |
| **Time and plan for termination of the exemption:** |
| *From when and to when does the dispensation want to apply?*  Start date:  End date:  **As the dispensation is not indefinite, there must be a plan to have a solution ready by the end date of the dispensation:**  *What is the plan for the dispensation to expire at the end date?*  **Briefly outline the main activities in the solution below:**   1. activity 2. activity 3. etc. |
| Appendix: |
| *Listing and short description of any annex to the application* |

**To be completed by Informationssikkerhed, when the dispensation has been processed**:

|  |  |
| --- | --- |
| **Date of treatment:** |  |
| **Cherwell case number:** |  |
|  | **Reasons** |
| **Dispensation approved:** | *Insert a copy of the email to the applicant with an explanation and possibly reservation.* |
| **Dispensation rejected:** | *Insert a copy of the email to the applicant with an explanation and justification.* |