Kent State University
Standardized Desktop Management
Exemption Request Form

All information must be completed to begin processing of exempted systems.

Faculty/Staff member information:

Name of Faculty/Staff Member: _____

Department: _____

Phone # _____

Email Address: _____

Requesting an exemption from:

PC: Encryption: ____ Active Directory: ____ SCCM: ____
Mac: Encryption: ____ Jamf: ____

Computer Information (a separate form must be completed for each system):

Make: _____

Model: _____

Serial Number/Service Tag: _____

Reason for Exemption Request:

_____

_____

_____

_____

_____

_____ ____/____/____
Department Chairperson/Director/Dean's Approval

_____ ____/____/____
Dean's Approval

_____ ____/____/____
Academic Federated Manager/Information Services

_____ ____/____/____
VP for Information Services Approval