## **E-SIGNATURE USE EXCEPTION REQUEST**

See BPPM 90.50 for standard policy restrictions and further information.

E-mail: contracts.intake@wsu.edu

COLLEGE OR AREA NAME		DEPARTMENT OR UNIT NAME
CONTACT NAME	CONTACT TELEPHONE	CONTACT E-MAIL ADDRESS

TYPE OF TRANSACTION
E-SIGNATURE USE POLICY RESTRICTION
EXCEPTION JUSTIFICATION (Describe the reason for the policy exception.)
POTENTIAL RISKS RELATED TO USE OF E-SIGNATURES FOR THE TRANSACTION (Include an assessment of the level of risk, e.g., low, medium, high.)
POTENTIAL EFFICIENCIES FROM USE OF E-SIGNATURES FOR THE TRANSACTION
ABILITY OF DEPARTMENTS TO CORRECTLY MAINTAIN TRANSACTION RECORDS (Include description of records management methods.)
ABILITY OF DEPARTMENTS TO CORRECTLY ASSOCIATE E-SIGNATURES WITH TRANSACTION RECORDS (Include description of authentication methods.)
APPLICABLE UNIVERSITY POLICIES (Specify all applicable to the transaction.)
ADDUCADUE STATE AND/OD FEDERAL DOUCLES, DULES, AND DECULATIONS (Specify of applicable to the transaction )
APPLICABLE STATE AND/OR FEDERAL POLICIES, RULES, AND REGULATIONS (Specify all applicable to the transaction.)

DEPARTMENT/UNIT CHAIR/DIRECTOR NAME	DEPARTMENT/UNIT CHAIR/DIRECTOR SIGNATURE	DATE
COLLEGE/AREA EXECUTIVE ADMINISTRATOR NAME	COLLEGE/AREA EXECUTIVE ADMINISTRATOR SIGNATURE	DATE
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