



## National Security Exception Request and Authorization Form

Point of Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

DHS Component: \_\_\_\_\_

Acquisition Reference #: \_\_\_\_\_

Brief description of the system or item that meets the criteria below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

National Security Exception is requested for: ☐ System or ☐ Item.

The system or item will be used for which of the following purposes (check all that apply):

- ☐ Command and control of military forces
- ☐ Targeting or weapons systems
- ☐ Cryptologic activities related to national security
- ☐ System(s) critical to the direct fulfillment of military or intelligence missions

By signing this form I affirm that the information provided above is accurate and that the system or item described will be used for the purposes identified.

Requiring Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requiring Official Name: \_\_\_\_\_

**To be completed by the Office of Accessible Systems & Technology (OAST):** After reviewing this request, it has been determined the system or item listed above ☐ meets ☐ does not meet the criteria for a National Security Exception per Section 508 of the Rehabilitation Act of 1973, as amended.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by Name: \_\_\_\_\_

National Security Exception Authorization #: \_\_\_\_\_ Date: \_\_\_\_\_

If you need assistance filling out this form please contact the Accessibility Help Desk at 202-447-0440 or [accessibility@dhs.gov](mailto:accessibility@dhs.gov)