

Electronic and Information Resource (EIR) Accessibility Exception Request

☐ 06 AgriLife Research

☐ 07 AgriLife Extension Service

☐ 20 TVMDL

Requester: _____ **Date:** _____

Position: _____ **Phone:** _____ **Email:** _____

Dept./Unit: _____ **Address:** _____

EIR Owner: _____ **Owner Email:** _____

Description of Inaccessible Electronic and Information Resource (EIR):

EIR Title: _____

EIR Description (if applicable, include URL address, or location of hardware, or office equipment):

EIR Type:

<input type="checkbox"/> Web page	<input type="checkbox"/> Information technology hardware or office equipment
<input type="checkbox"/> Software application	<input type="checkbox"/> Electronic form
<input type="checkbox"/> Electronic Document (PDF, MS Word, PPT, etc.)	<input type="checkbox"/> Other
<input type="checkbox"/> Multimedia or video content	(describe): _____

Is the EIR:

<input type="checkbox"/> Under development?	<input type="checkbox"/> Acquired or procured from third party?
Planned Completion Date: _____	Name of agency or third party: _____
<input type="checkbox"/> Under Revision	<input type="checkbox"/> Completed

The EIR is:

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

Justification for Exception:

Select the reason(s) for requesting this exception:

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

Provide supporting information to justify this request:

Date of Accessibility Evaluation: _____ **Est. cost for bringing the EIR to compliance:** \$ _____

☐ **No estimate done (explain):** _____

Planned accessibility Compliance Date: _____ **If no date is planned, provide explanation:**

Other Relevant Information:

Alternative Compliance Methods:

Describe the alternative means of access, including time and expense to implement:

Agency EIR Accessibility Coordinator Recommendation:

Comments: ☐ Approval Recommended ☐ Approval Not Recommended

Vice Chancellor and Dean for Agriculture and Life Sciences:

This exception request is: ☐ Approved ☐ Denied

Duration of Exception Granted: ☐ 12 months ☐ 24 months ☐ Other (specify): _____

Vice Chancellor and Dean for Agriculture and Life Sciences

Date

**For questions or assistance completing this form, contact your agency EIR accessibility coordinator:
Alan Kurk (979-845-9343) – akurk@tamu.edu**