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| <*Company Name*>DEPARTMENT OF INFORMATON TECHNOLOGY | **RISK ACCEPTANCE FORM** |
| This form is to be used to acknowledged, justify, and/or document risk acceptance of a known deficiency. The responsible party that signs this document is ultimately acceptable all liability, risk, and responsibility associated with the decision represented in the document. It is highly recommended that a Compensating Control or Recommended Action be defined in order to mitigate risk and obtain full approval of risk acceptance. |

The following items must be completed:

1. <*NIST 800-53*> Control Deficiency:
2. Description of the Deficiency:
3. Justification for Risk Acceptance:
4. Description of the Compensating Control that will be put in place (if any):
5. Additional Remarks:

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| Approvals |
| Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department) | Date: |
| Department Director of Responsible Party (above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Title)  | Date: |
| Department of IT – Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Title) | Date: |
| Department of IT – Chief Information Officer (CIO): | Date: |
| <*Executive Staff Title*> (optional, if necessary): | Date: |
| Risk Acceptance Expiration Date: |  |