Org: Reference #

Department:

|  |  |
| --- | --- |
| Next Review Date: |  |
|  |  |

**Information Security Risk Acceptance Form**

Name and title of Originator:

**Summary of Request:**

*(Discuss specifics of risk to be accepted including what policy exceptions are required – to be completed by requestor)*

**Overview of Service Impacted:**

*(Discuss specifics what business processes are supported by risk item under consideration – to be completed by requestor)*

**Benefits of Accepting This Risk:**

**Alternatives Evaluated:**

*(Discuss alternatives proposed as a way to eliminate or reduce risk – to be completed by requestor)*

**Impact of Not Accepting Risk:**

*(By putting the information system in place as is what risk does this cause to CU? – to be completed by OIS)*

**Summary of Existing Security Controls:**

*(Describe the technical and procedural controls (or security standard) implemented).*

[**Data Classification and System Security Categorization**](https://www.cu.edu/security/university-colorado-process-data-classification-and-system-security-categorization)**:**

(to be completed by OIS)

Data Classification:
Adverse impact:

**Risk mitigation strategy:**

*(Describe additional technical and procedural controls implemented to mitigate risk. Do not list existing controls already required by relevant security standards. If you are not putting any controls in place simply say “None”.)*

**Risk Analysis (to be completed by OIS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROBABILITY** |  |  | **CONTROL** |
| **SAFETY IMPACT** | **FINANCIAL IMPACT** | **REPUTATIONAL IMPACT** |
| *Likelihood of occurrence* | *Losses/damages/shut down* | *Losses/damages/shut down* | *Press coverage, political pressure* | *Mitigation effectiveness* |
| *[ ]  Occurs every 5 years or more* *[ ]  Occurs every 2-5 years* *[ ]  Occurs every 1-2 years* *[ ]  Bimonthly* *[ ]  At least monthly*  | *[ ]  Minor injury not requiring first aid* *[ ]  Minor injury or illness, first aid treatment required* *[ ]  Injury requiring medical treatment* *[ ]  injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling* *[ ]  Incident leading to death or major permanent incapacity or vent which impacts on large number individuals*  | *[ ]  Little or no operational/financial* *[ ]  Low operational/financial, over $500K**[ ]  Moderate operational. financial, over $1 Mil**[ ]  Significant operational/financial, over $3 Mil**[ ]  Highly disruptive operational/financial, over $5M*  | *[ ]  Little or None**[ ]  Isolated press, minor political**[ ]  State/local, temporary pressure**[ ]  National coverage, major pressure* | *[ ]  Little to no reduction at all**[ ]  Minor, reduced by 25%**[ ]  Moderate, reduced by 50%* *[ ]  Significant, reduced by 75%* *[ ]  Nearly complete, reduced by 95%* |

# Risk Acceptance:

I understand that compliance with University information security policies and standards is expected for all organizational units (e.g. schools and departments), information systems, and communication systems.  I believe that the control(s) required by University information security policies and guidance from the campus Information Security Officer cannot be complied with due to the reasons documented above. I accept responsibility for the risks associated with this exception to information security policies. I understand and accept the risks documented in the form and certify that my department will be responsible for direct and indirect costs incurred due to incidents related to the identified risks as determined by the campus Information Security Officer.  I also understand that this exception may be revoked by the Chief Information Security Officer and may be subject to Internal Audit's annual follow-up procedures.

 Signature of responsible person Date

Printed name of responsible person

**Acknowledgement**

Information Security Officer Date

Chief Information Officer Date

Data Trustee Signature Date

Data Trustee Name and Title

Date received by Office of Information Security: