

APPENDIX E: WNC RISK ACCEPTANCE FORM

Campus:

Western Nevada College Computing
Services

Department:

Next Review Date:

Risk Acceptance Form

Name and title of Originator:

Summary of Request:

Discuss specifics of risk to be accepted including what policy exceptions are required

Overview of Service Impacted:

Discuss specifics what business processes are supported by risk item under consideration

Benefits of Accepting Risk:

Recommendation from ISO:

Discuss alternatives proposed as a way to eliminate or reduce risk

Alternatives Evaluated:

Discuss alternatives proposed as a way to eliminate or reduce risk

Summary of the result of the accepted risk will affect WNC Information Resources:

By putting the solution in place as is what risk does this cause WNC? If there are known vulnerabilities left in place by implementing this solution list them here.

Summary of Information Security Controls:

Describe the technical and procedural controls implemented to address the vulnerabilities and risks above. How are you going to minimize or mitigate the risk this solution causes? If you are not putting any controls in place simply say "None"

Information System Security Categorization:

Describe the type and magnitude of remaining vulnerabilities and risks after control have been implemented.

Estimated Probability of risk occurring (to be completed by ISO):

Low, medium, high with brief justification or scenario description.

Risk Acceptance:

I understand that compliance with WNC 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 WNC information security policies and guidance from Computing Services cannot be complied with due to the reasons documented above. I, as the Director of Computing Services, accept responsibility for the risks associated with this exception to information security policies. I understand that the risks include potential loss of information and acceptance of the personal and departmental sanctions described in the University Information Security APS. I also understand that this exception may be revoked by the SCS Information Security Officer and may be subject to Internal Audit's follow-up procedures.

Signature of responsible person Date

Printed name of responsible person Date

Data Owner Date

Network Functional Area Date

WNC CIO Date

WNC ISO Date

Principal Investigator Date