



Risk Acceptance Form

Agency: _____

Date: _____

Background / Issue / Assessment of Risk

Empty space for background information.

Suggested Action / Recommendation

Empty space for suggested actions and recommendations.

Recommendation:

Create New Control(s)
 Avoid Risk
 Transfer the associated risks as-is to another party: _____

Fix Current Control(s)
 Accept Risk

CISO Signature:	_____	Date	_____
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CIO Signature:	_____	Date	_____
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Agency Management

Please answer the following questions:

Do you agree with the identified risk? If you disagree, please explain why.	_____
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Do you agree with the recommendations? If you disagree, please explain why.	_____
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Can you propose some other options or actions that could be more effective and less costly (explain) to mitigate risk?	_____
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Agency Signatures

Signing below is the acknowledgement and acceptance of the risk outlined in the initial section of this document.

Data Owner:	_____	Date	_____
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Agency Executive Director:	_____	Date	_____
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