

# UNIVERSITY OF WISCONSIN SYSTEM RISK ACCEPTANCE FORM

See instructions on page 3

Blocks 1 – 9 and 13 - 14 to be completed by the institution	
1. NOTIFICATION NUMBER	2. DATE OF NOTIFICATION
3a. RISK EXECUTIVE NAME	4a. RISK EXECUTIVE TELEPHONE
3b. UW INSTITUTION CODE	4b. RISK EXECUTIVE E-MAIL ADDRESS
<p>5. APPLICABLE POLICY/PROCEDURE/DEPLOYMENT CRITERIA – <i>Identify the authorized UW System information security policy, procedure, and/or enterprise deployment criteria that cannot be complied with and any compensating control that are substituted in place of the original control.</i></p>	
<p>6. REQUEST CATEGORY – <i>Identify the category that best describes the nature of this acceptance (see instructions for additional details and documentation requirements).</i></p> <p><input type="checkbox"/> The required control will not be in place for greater than 12 months</p> <p><input type="checkbox"/> Compensating Control exists or is readily available</p> <p><input type="checkbox"/> Legacy System to be retired – estimated retirement date:</p>	
<p>7. REQUEST – <i>Describe the operational, technical, financial and/or functional challenges presented by the authorized UW System policy, procedure, or enterprise deployment criteria. Include any compensating controls implemented to reduce the risk associated with non-compliance.</i></p>	

8. RISK ASSESSMENT AND JUSTIFICATION – *Explain the risk associated with non-compliance. If a compensating control is being applied, explain the difference in the level of residual risk (higher, same, lower) versus the authorized control.*

9. RISK EXECUTIVE COMMENTS AND RECOMMENDATIONS  
*Include any additional information or recommendations pertinent to the risk.*

**Block 10 – 12 to be completed by UW System Office of Information Security**

10. UW AVP IS OR CISO OPINION AND RECOMMENDATION  
*Comments and/or recommendation pertinent to the risk associated with non-compliance.*

11. PRINT NAME AND TITLE	12. DATE
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**Block 13 – 14 to be completed by UW institution Chancellor or CIO**

RISK ACCEPTANCE STATEMENT – SIGNATURE BY CHANCELLOR OR DESIGNEE  
*By my signature below, I am accepting any and all risks associated with non-compliance to the authorized UW information security policy, procedure and/or risks listed above. Where feasible, compensating controls will be implemented to help reduce risks to the UW System.*

13. CHANCELLOR OR DESIGNEE NAME, TITLE AND SIGNATURE	14. DATE OF RISK ACCEPTANCE
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# RISK ACCEPTANCE FORM INSTRUCTIONS

*Blocks 1 - 9 to be completed by the UW institution. After blocks 1-9 are completed, email form to informationsecurity@uwsa.edu. Blocks 10 - 12, to be completed by UW System Office of Information Security. Blocks 13 - 14 will be completed by the institution's chancellor or designee. It is important for institutions to include as much detail as possible concerning the risk associated with non-compliance and any compensating controls that are substituted.*

**Block 1** – Notification Number (Begin with the institution’s three letter code (Madison = MSN) and 001; increment by one digit, for each subsequent notification). See drop-down list in 3b for list of three letter UW institution codes.

**Block 2** – Date of Notification (date form is submitted to OIS)

**Block 3a** – Risk Executive Name

**Block 3b** – Three letter UW Institution code (Example, UW-Madison = MSN)

**Block 4a** – Risk Executive Telephone Number

**Block 4b** – Risk Executive Email Address

**Block 5** – Identify the authorized UW System information security policy, procedure, and/or enterprise deployment criteria, that cannot be complied with and any compensating controls that are substituted in place of the original control.

**Block 6** – Check off the appropriate request category associated with the risk acceptance notification.

Acceptance, the required control will not be in place for greater than 12 months	A long-term risk acceptance applies when compliance would cause a significant impact to the University mission AND no alternative controls are readily available due to budgetary or technology constraints. The acceptance must be revalidated and resubmitted every 12 months.
Compensating Control	Compensating Control: A physical, technical or administrative control used by an organization instead of a recommended security control, that provides equivalent or comparable protection for an information system.
Legacy System – Due to retire	Compliance is hampered by the inherent weaknesses of a legacy system that is scheduled for retirement within the next 3 years. Compensating controls may be available to manage some of the risk through system retirements.

**Block 7** – Describe the operational, technical, financial and/or functional challenges presented by the authorized UW System policy, procedure, and/or enterprise deployment criteria. Include any compensating controls that are being substituted to reduce the risk associated with non-compliance.

**Block 8** – Explain the risk associated with non-compliance. If a compensating control is being applied, explain the difference in the level of residual risk (higher, same, lower) versus the authorized control.

**Block 9** – Include any additional information or recommendations pertinent to the risk. This block should only be filled out by the risk executive.

**STOP** - Send form with blocks 1-9 completed to [informationsecurity@uwsa.edu](mailto:informationsecurity@uwsa.edu)

***Blocks 10 – 12, to be completed by UW System Office of Information Security***

**Block 10** – UW System Office of Information Security comments and/or recommendation pertinent to the risk associated with non-compliance.

**Block 11** – Name of individual within the UW System Office of Information Security providing the comments and/or recommendation.

**Block 12** – Date of UW System Office of Information Security’s feedback.

***Blocks 13 – 14, to be completed by the UW Institution Chancellor, or designee.***

**Block 13** – Name, title and signature of Chancellor or designee.

**Block 14** – Date of risk acceptance.