[ ]  American River College

**LOS RIOS**

COMMUNITY

COLLEGE DISTRICT

[ ]  Cosumnes River College

**Vulnerability Risk Acceptance**

**Request Form**

[ ]  District Office

[ ]  Folsom Lake College

[ ]  Sacramento City College

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| **Vulnerability Summary** |
| **Date First Discovered:**       |
| **Extend Risk Acceptance Until** *(Enter Date)***:**       |
| **IP Address/ DNS Name:**       |
| **Tenable Plugin ID:**       |
| **Vulnerability Description** *(Discuss specifics of the risk to be accepted )*      |
| **Overview of Service Impacted** *(Discuss specifics of what business processes are supported by risk item under consideration)*       |

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| **Justification for Risk Acceptance** |
| **Business Justification for Accepting Risk** *(Discuss the specific business needs to accept risk,* ***i.e., the business reason why the risk will not be mitigated.*** *For vendor discrepancies, attach supporting documentation from vendor. )*      |
| **Compensating Controls Implemented** *(Discuss the technical and procedural controls implemented to address the vulnerability. How are you going to minimize the risk? If no compensation controls are used, say “None.”)*      |
| **Risk of Accepting Vulnerability** *(Describe the type and magnitude of risks after compensation controls (if used) have been implemented, i.e.,* ***if we did get compromised, what is the risk we are accepting, including the type and quantity of data that can be compromised?****)*      |
| **Estimated Probability of Risk Occurring** *(Low, medium, high with brief justification or scenario description, i.e.,* ***give an example of how someone will be able to exploit this risk and compromise our system, i.e., a compromised account of a student, staff, faculty and/or IT; gain access to our internal network; etc****)*      |

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| **Approval** |
| I understand and accept the risks documented in the form and certify that my college will be responsible for direct and indirect costs incurred due to incidents related to the identified risks as determined by the District Office Associate Vice Chancellor of Information Technology. I also understand that this exception may be revoked by the District-wide Information Security Officer at any time.Acceptance of risk is to say Los Rios Community College (LRCCD) is willing to accept the liability of continuing to operate with a known vulnerability that could compromise the integrity of the LRCCD network and/or damage the reputation of LRCCD. |
| **System Administrator***Print Name:*       |      **Signature** |      **Date** |
| **College IT Supervisor***Print Name:*       |      **Signature** |      **Date** |
| **College ISO***Print Name:*       |      **Signature** |      **Date** |
| **Vice President of Administration***Print Name:*       |      **Signature** |      **Date** |

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| **Risk Acceptance Acknowledgement** |
| I understand and acknowledge the risks documented in the form and do not object to the acceptance of the risks identified for the period requested. I also understand that this exception may be revoked by the District-wide Information Security Officer at any time. |
| **District Office Network Security Administrator***Print Name:*       |      **Signature** |      **Date** |
| **Associate Vice Chancellor of Information Technology***Print Name:*       |      **Signature** |      **Date** |
| **District-wide Information Security Officer***Print Name:*       |      **Signature** |      **Date** |