University of
CINCINNATI

ITUC Office, Information Security
University of Cincinnati
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Risk Acceptance Form (RAF)

For assistance in completing this form please see the following link: RAF Field Descriptions

Name, Title, and Department of Originator:

Summary of Request:

Summary of How Doing This Will Put UC at Risk:

Benefits of Accepting This Risk:

Summary of Information Security Controls:

After Controls what is the remaining Risk:

Business Owner (Vice President or Dean, or their designee) Decision:

Please make a selection below, along with providing your signature at the bottom of this page. The Vice President or Dean, or their designee, is required to accept responsibility for the risks associated with this exception to UC policies and standards.

☐ **Yes, with reduced Scope**. I accept responsibility for the outstanding risk related to the deployment provided use is reduced and limited.
List Scope restraints here:

_____

_____

☐ **Yes, for temporary period while controls are improved**. I accept responsibility for the outstanding risks related to the deployment and use of this application or service; however, I find the current level of control inadequate. I would like work to begin to improve controls as noted below. *List timing constraints here and/or controls requested:*

_____

_____

☐ **Unqualified Yes**. I understand and accept responsibility for the outstanding risk related to the deployment and use of this application or service for the requested scope and timeframe. I find the current controls adequate, additional controls need not be applied. (*This RAF will be reviewed and approved by the business owner and OIS team on an annual basis).*

☐ **I understand that compliance with university policies and standards is expected for all organizational units, information systems and communication systems.**

☐ **No.** I find the residual risk greater than the potential business benefit. This risk acceptance request is denied.

I understand the risks documented in this form. I also understand that this exception may be revoked during any phases of the executive approval process, and may be subject to internal audits.

Signature of responsible person   Date

Printed name of responsible person

The remaining fields are for IT@UC Office of Information Security use only:

Risk Level (Low, Medium or High):
(As determined by Risk Matrix)

Date of Next Review:
(one year from final approval, unless otherwise specified by business owner)

OIS Risk Acceptance:

☐   Yes, this Risk can be accepted.

☐   No, this Risk cannot be accepted.

Due to the potential risk and/or business impact related to this request I have deemed that this risk needs to be reviewed and approved or denied by a University Executive officer.

☐   Yes, this Risk needs further review.

☐   No, this Risk needs no further review.

Signature of Assistant VP of Information Security or

Designee: _____   Date: _____

Name: _____

Title: _____