

# East Carolina University

## IT Security Risk Assessment

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BELOW TO BE COMPLETED BY RISK ACCEPTANCE REQUESTOR  
(Please contact ITCS Information Security for assistance completing the following section)

Request Date (mm/dd/yyyy): \_\_\_\_\_

### REQUESTOR INFORMATION

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee Dept.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### SUMMARY OF REQUEST

Provide a description of the product/service being requested or the data handling process under review:

IT System Administrator: \_\_\_\_\_

Desired implementation date for product/service/process?

Start Date: \_\_\_\_\_

### BUSINESS JUSTIFICATION FOR THE PRODUCT/SERVICE/PROCESS

Describe why this product/service/process is needed and how it benefits the University.

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### THREATS AND VULNERABILITIES OF THE PRODUCT/SERVICE/PROCESS

Describe how this product/service/process does not meet University policies and/or best practices for information security. This information may be taken from the ITCS Security Assessment Questionnaire.

### COMPENSATING SECURITY CONTROLS

Describe the administrative, technical, and physical controls in place, or will be in place, to manage the threats and vulnerabilities to the University described in the previous section.

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**UNIVERSITY IMPACT ASSESSMENT**

Describe how the threat and vulnerabilities of the product/service/process place the University at risk, as well as the potential impact should vulnerabilities be exploited. Potential impact may include information such as: (1) the type of data affected (e.g., FERPA, PII, PHI, GDPR, etc.); (2) an approximate number of individuals impacted in the event of an incident or data breach; and/or (3) classification of individuals impacted (students, employees, faculty, patients, general population, etc.).

**REQUESTOR’S SIGNATURE**

I certify that based on information and belief formed after reasonable inquiry, the information presented above is true, accurate, and complete. I understand that knowingly providing false and/or inaccurate information may result in disciplinary actions.

I understand the impact(s) of the risks described above to the University and its stakeholders and that the compensating security controls may reduce the level of risk but does not necessarily bring them within the University’s risk appetite. I understand the risks described above may include possible penalties – civil and/or criminal – if Federal or State statutes are violated. As the responsible party, I certify the division and I may be responsible for the direct and indirect costs incurred due to incident(s) related to the risks identified herein, as well as future unknown risks.

If this risk acceptance is approved, I understand it may be revoked at any time should (1) the department/division fail to implement reasonable compensating security controls to manage risks; (2) the costs of risks begin to outweigh the value of benefits to the University and its stakeholders; and/or (3) an alternative product/service/process providing equitable benefits while reducing the level of risks to the University and its stakeholders becomes available. As the responsible party, I shall: (1) periodically evaluate the effectiveness of compensating security controls in use; (2) periodically check for product/service/process upgrades to manage risks identified in this form; and, (3) periodically consider alternative products/services/processes that may provide similar benefits while reducing the level of risks to the University and its stakeholders. Lastly, I, or my designee(s), are responsible for reviewing and, if necessary, renewing this risk acceptance upon its expiration (1 year); and, I understand failing to renew this risk acceptance may result in the suspension of the

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product/service/process listed herein. As the responsible party, I have advised users of this product/service of the consequences of behavior that places university data at unnecessary risk(s) and may result in disciplinary actions.

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Name: Requestor (print)

Signature

Date

BELOW TO BE COMPLETED BY DATA STEWARD(S) and/or COMPLIANCE COMMITTEE(S)

RECOMMENDATION: <input type="checkbox"/> (1) DATA STEWARD <input type="checkbox"/> (2) COMMITTEE		
(1)	(2)	
<input type="radio"/>	<input type="radio"/>	<b>Approved.</b> The value of achieving University objectives outweigh the costs of the associated risks, and no additional controls are not needed.
<input type="radio"/>	<input type="radio"/>	<b>Conditional Approval.</b> Add and/or improve security controls, as noted below, to further reduce the level of risk to the University and its stakeholders.
<input type="radio"/>	<input type="radio"/>	<b>Defer or Do Not Recommend.</b> The costs of risks outweigh the value of potential benefit to the University and its stakeholders (see explanation below).
Comments:		


We understand and acknowledge the impacts of the risks to the University described above, that the compensating controls may not bring those risks within the University’s risk appetite, and that an acceptance of risk by the Vice Chancellor or designee may be necessary to carry out the business needs and obligations of the University.



# East Carolina University Security Risk Acceptance

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BELOW TO BE COMPLETED BY CHIEF INFORMATION OFFICER OR DESIGNEE

RECOMMENDATION: <input type="checkbox"/> CHIEF INFORMATION OFFICER OR <input type="checkbox"/> DESIGNEE	
<input type="radio"/>	<b>Recommend.</b> The value of achieving University objectives outweigh the costs of the associated risks.
<input type="radio"/>	<b>Do Not Recommend.</b> The costs of risks outweigh the value of potential benefit to the University and its stakeholders (see explanation below).
Comments: 	

I understand and acknowledge the impacts of the risks to the University described above, that the compensating controls may not bring those risks within the University's risk appetite, and that an acceptance of risk by the Vice Chancellor or designee may be necessary to carry out the business needs and obligations of the University.

\_\_\_\_\_  
Name (print) Title Signature Date



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TO BE COMPLETED BY VICE CHANCELLOR and/or DESIGNEE

DECISION: <input type="checkbox"/> VICE CHANCELLOR AND/OR <input type="checkbox"/> DESIGNEE	
<input type="radio"/>	<b>Risk Accepted.</b> The value of achieving University objectives outweigh the costs of the associated risks. (The acceptance of risk expires in 1 year, and must be reconsidered for renewal.)
<input type="radio"/>	<b>Not Accepted.</b> The costs of risks outweigh the value of potential benefit to the University and its stakeholders (see explanation below).
Comments:	

I understand the impacts of the risks described above to the University, and that the compensating security controls may reduce the level of risk but does not necessarily bring them within the University’s risk appetite. I understand the risks described above include possible penalties – civil and/or criminal – if Federal and/or State statutes are violated. As University Leadership for my division I understand that my division may be responsible for direct and indirect costs incurred due to incident(s) related to the risks identified herein, as well as unknown risks. I understand that this risk acceptance may be revoked at any time should (1) this risk acceptance expire; (2) the division/department not implement compensating security controls to manage risks; (3) the costs of risks begin to outweigh the value of benefits to the University and its stakeholders; and/or (4) an alternative product/service/data handling process providing similar benefits with a lower risk level becomes available.

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Name (print) Title Signature Date

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Name (print) Title Signature Date

