

Department Name:	
Business Owner Name:	
Expiry Date of this Form:	

**Risk Background:**

**Issues:**

**Recommended Action:**

**Possible Cause/Effect:**

**Risk Acceptance:**

Signing below is the acknowledgement and ACCEPTANCE of the risk by Business Owner outlined in initial section of this document.

I hereby ACCEPTING the responsibility for any damage cause by mentioned risk.

	Signature	Date
Business Owner:		

**ETC Deanship and Risk & Information Security Department-Input:**

	Signature	Date

CIO:		
CISO:	Signature	Date