

Cyber Hygiene Data Sharing Authorization

CISA Cyber Assessments

NCATS@hq.dhs.gov

Stakeholder Information

Stakeholder Name	Acronym
Technical POCs	

Third Party Information (all applicable fields must be completed)

Name of Third Party			
Relationship to Stakeholder			
Third Party Sector			
Point(s) of Contact and Email			
City	County	State	Country

Stakeholder Authorization

By signing below, the approving official agrees to the following:

- CISA Cyber Assessments is authorized to share the vulnerability findings detected on your public facing networks and systems with the above-named Third Party.
- Your organization has already coordinated this sharing activity with the Third Party, who will receive a weekly report of the findings protected by a unique password.
- CISA Cyber Assessments is authorized to provide additional information to address questions from the above-named third party for the purpose of assisting your organization in understanding and/or resolving the vulnerabilities detected and reported.
- You are authorized to make the above certifications on your organization's behalf.

Signature	
Name	Date
Title	
Entity	

This Authorization is effective from the date signed and may be canceled by either the Stakeholder or Third Party expressing the desire to no longer participate in sharing the information to NCATS@hq.dhs.gov.