\* Edit all text in blue to reflect your system – Delete this instruction before your submission\*



ORGANIZATION NAME

system name system CATEGORIZATION

*Date*

Prepared by

|  |  |
| --- | --- |
| **Identification of Organization that Prepared this Document** | |
| Organization Name | <Enter Company/Organization>. |
| Street Address | <Enter Street Address> |
| Suite/Room/Building | <Enter Suite/Room/Building> |
| City, State Zip | <Enter Zip Code> |

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# Information System Name/Title/ABBREVIATION

Table 1‑1. Information System Name and Title

| Information System Name | Information System Abbreviation |
| --- | --- |
| Information System Name | Enter Information System Abbreviation |

# General System Description/FUNCTION

Please provide a high-level overview of your system

# Information System Owner & SECURITY OFFICER

The following individual is identified as the system owner or functional proponent/advocate for this system.

Table 3‑1. Information System Owner and Information System Security Officer

| Details | Information System Owner | Information System Security Officer |
| --- | --- | --- |
| Name | <Enter Name> | <Enter Name> |
| Title | <Enter Title> | <Enter Title> |
| Company / Organization | <Enter Company/Organization>. | <Enter Company/Organization>. |
| Address | <Enter Address, City, State and Zip> | <Enter Address, City, State and Zip> |
| Phone Number | <555-555-5555> | <555-555-5555> |
| Email Address | <Enter email address> | <Enter email address> |

# ATO Authorizing Official

Table 4‑1. Authorizing Official

| Information System Owner Information | |
| --- | --- |
| Name | Ibrahim Waziri Jr. |
| Title | IT 727A Professor |
| Company / Organization | Marymount University |
| Address | N Glebe Road |
| Phone Number | 123-345-6789 |
| Email Address | Use my email |

# Information System Categorization

The information system sensitivity categorization is recorded in Table 5-1 and 5-2 that follows.

## Information Types

Table 5-1. Sensitivity Categorization of Information Types

| Information Type Ref | Information Type | NIST 800-60 Recommended Impact Level | | | System Abbreviation Selected Impact Level | | | Statement  for Impact Adjustment Justification | Overall Information Type Categorization |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C | I | A | C | I | A |
|  | Complete the whole table |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Overall System Sensitivity Level: | | | | | | | | Choose level. | |

# Laws, Regulations, Standards and Guidance

## Applicable Laws, Regulations, Standards and Guidance

Table 12‑1 Information System Name Laws and Regulations includes additional laws and regulations

Table 6‑1. Information System Name Laws and Regulations

|  |  |  |  |
| --- | --- | --- | --- |
| Identification Number | Title | Date | Link |
| <Reference ID> | <Reference Title> | <Ref Date> | <Reference Link> |
| <Reference ID> | <Reference Title> | <Ref Date> | <Reference Link> |
| <Reference ID> | <Reference Title> | <Ref Date> | <Reference Link> |

# Attachments

Table 7‑1. Names of Provided Attachments

| **Attachment** | **File Name** | **File Extension** |
| --- | --- | --- |
| <Attachment> | <Attachment File Name> | <Attachment File Extension> |
|  |  |  |
|  |  |  |

# APPROVAL/SIGNATURES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Owner Information System Security Officer

<Enter Name> <Enter Name>

*<Date> <Date>*