[AGENCY NAME]
[DEPARTMENT NAME]

MEMORANDUM FOR DISTRIBUTION
[DATE]

FROM: [Name and title of Authorizing Official]

SUBJECT: Authorization to Operate / Attestation of Security Assessment for [XYZ Application]

TO: [Name and title of XYZ Application / System Owner]

RISK ACCEPTANCE: (Provide a statement of acceptance of the residual risk)
I have reviewed the security assessment results documentation package for the [XYZ application] security assessment that occurred in [Date], and have determined that the risk to agency operations, assets, or individuals resulting from the operation of the [XYZ application] is acceptable. Accordingly, as the [Authorizing Official (AO)], I hereby attest to the results of the security assessment and grant an authorization to operate for the [XYZ application] in its existing environment.

TERMS AND CONDITIONS: (Description of any limitations or restrictions placed on the operation of the information system, and established process(es) to monitor the progress of actions taken to correct or eliminate weaknesses or deficiencies)
The risks associated with the vulnerabilities identified during the security assessment of the [XYZ application] and reported in the Security Assessment Report (SAR) will be included in the agency's weakness repository, and the [XYZ application] Plan of Action and Milestones (POA&Ms), and updated, monitored, and reported on at least quarterly. I will ensure the risks identified during this assessment are mitigated and/or resolved in a timely manner, and will demonstrate this by showing progress on the quarterly POA&M report of the [XYZ application].

AUTHORIZATION TERMINATION DATE: (Indicates when the security authorization expires and reauthorization is required. The authorization termination date can be adjusted by the Authorizing Official to reflect an increased level of concern regarding the security state of the information system.)
The information system is authorized to operate for a specified time period of three years in accordance with the terms and conditions established by the authorizing official.

If you have any questions, please contact me at (XXX) XXX-XXXX.

This attestation and authorization are accepted by:

_____   _____

Authorizing Official *(Signature)*   Date

_____

Authorizing Official *(Print Name)*

_____   _____

System / Application Owner *(Signature)*   Date

_____

System / Application Owner *(Print Name)*