

UCR School of Medicine "Security Intake Form" v.1.0

This form is required for any procured service, hardware, or software which may create, store, process, or transmit Institutional Information and/or access IT Resources.

Requestor must obtain a completed Vendor portion (A) and complete the below portion (B).

B) Requestor

Division/Department/Lab: _____

Name: _____ Date: _____

Email: _____ Phone: _____

Completion on behalf of: _____

1. Supplier/Product Name and description of good and/or service:

2. Why this good and/or service, how will it be used, and who will use it?

3. What equipment will this good and/or service be used on or accessed by?

4. Is this a: New Contract: Renewal Contract: One-Time Purchase:

5. Have you reviewed the supplier Terms and Conditions for operational requirements?

6. RE: Institutional Information – involved or accessed by the supplier, please:

a. Describe the type(s) of data (personal: explain below):

b. Personal – what is the University-individual relationship?

c. Personal – best estimate of the record quantity (lifetime of the supplier relationship):

1-99

100-499

500-2,000

Other:

d. What are the known applicable regulatory laws regarding this data?

e. *Proposed* Data Classification:

7. RE: Institutional Information – what are the identified risks & mitigations?
