

UCR School of Medicine "Security Intake Form" v.1.1.0

*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.*

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*Requestor must obtain a completed A) Vendor and complete the below B) Requestor*

Review resources: [Engaging Suppliers](#); [Manage Supplier Cyber Risk](#); [Vendor Security Risk Management](#)

**B) Requestor**

Mission:	Department:	_____
Requestor Name: _____	Date:	_____
Requestor Email: _____	Requestor Phone:	_____
Vendor Name: _____	Vendor Contact:	_____
Product Name: _____	Contact Email:	_____

1. Describe the Good and/or Service contemplated:

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2. Purchase Type: \_\_\_\_\_ Existing UC/UCR Agreement or PO: \_\_\_\_\_
3. Have you reviewed the applicable Agreement for operational outcomes:
4. Who will use this Good and/or Service and how will it be used:

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5. What IT Resource(s) will this Good and/or Service be used on or accessed through:

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6. RE: Institutional Information involved with use and/or accessed by the supplier

a. What data will be processed in the solution or provided to the vendor:

\_\_\_\_\_

b. What data will be collected by the vendor (e.g., review privacy policy if applicable):

\_\_\_\_\_

c. How many records or users are involved through the entire lifetime of use:

d. What are the known regulations or external obligations regarding data involved:

HIPAA                  FERPA                  CA-IPA                  Other                  : \_\_\_\_\_

e. Classify the data involved [Data Classification Info](#):

7. Comments or Explanation (e.g., identified risks & mitigations involving data and/or systems):

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