

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.

With adequate due diligence, Requestor may submit this A) Vendor (Waiver) in lieu of A) Vendor.

A) Vendor (Request for Waiver)

Requestor Name: _____ Date: _____

Vendor Name: _____ Contact Phone: _____

Contact Name: _____ Contact Email: _____

Name and Description of Good and/or Service:

Description of steps taken to acquire the Intake A) Vendor:

Reasoning for Waiver:

The vendor has not responded to my reasonable inquiry

The vendor has denied completing the form

An existing agreement shall govern **AND** I will be using prior authorized services

Other: _____

Note: please provide evidence to justify as appropriate (*recommend 3 attempts over 2 weeks*)

By signing below, I attest that I have reviewed the above statement and agree with proceeding under the following conditions:

1. A lack of vendor responsiveness may pose a risk to the UC;
2. This outcome represents risk that may need exceptional approval; and
3. This waiver merely defers the requirement and may delay procurement processing.

Unit Head: _____ Sign: _____ Date: _____

For OIT Internal Use:

Have you taken reasonable steps to acquire the Intake A:

Were you successful in acquiring the Intake A:

Comments or Explanation:

Approver: _____ Sign: _____ Date: _____