|  |  |
| --- | --- |
| **ASSESSMENT CRITERIA** | **RESPONSES - TO BE COMPLETED BY INDIVIDUAL** **PERFORMING RISK ASSESSMENT** |
| Date of Assessment |  |
| Software Title |  |
| Does license require written signature? |  |
| Vendor Reputation / Credibility |  |
| Software Functionality |  |
| Intended Use of Software |  |
| Does vendor comply with VPAT? |  |
|  If YES, provide link: |  |
| SaaS or Local Application |  |
| How does software support Academic or Research purposes? |  |
| Does application use any PII or PHI data? |  |
| If YES, list data details: |  |
|  Does application utilize proper controls with regard to data? |  |
| Risk Assessment Score (1 – Low, 2 – Medium, 3 – High) |  |

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  APPROVED [ ]  DENIED

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_