



Responsible Party Name: \_\_\_\_\_

Department: \_\_\_\_\_

Vendor: \_\_\_\_\_

# Data Protection Checklist

If you are purchasing software, services, or IT/medical/scientific products, you must complete this form.

**Instructions:** Determine if your request involves [sensitive information](#), complete the appropriate section below, obtain signatures, and attach this form, along with any required approvals, to your purchase requisition.

## No Sensitive Information

The product/service will not receive, store, transmit, or have access to sensitive information, including FERPA. No approvals are required, proceed to the **Signatures** section.

## Sensitive Information Checklist

The product/service will receive, store, transmit, or have access to sensitive information. Complete this checklist to determine which approvals you must obtain.

### Core Requirements - for all types of sensitive information

All requests that involve sensitive information have two core requirements that you must complete.

Requirement	Contact	Completed
1. Risk Assessment	Information Security Office, <a href="mailto:security@unc.edu">security@unc.edu</a>	
2. Data Steward Approval	View the list of Data Stewards at <a href="http://safecomputing.unc.edu">safecomputing.unc.edu</a> ; must receive approval from all impacted stewards.	

### Additional Requirements - for specific types of sensitive information

Some types of sensitive information have additional requirements. If your request involves the types of information below, you must complete the associated requirement(s) in addition to the core requirements. In the first column, enter **Y** or **N** to indicate whether each data type is involved in this request.

Y/N	Data Type	Requirement	When	Contact	Completed
	SSN (4 or more digits)	University Committee for the Protection of Personal Data (UCPPD) Approval	After data steward approval	Privacy Office, <a href="mailto:privacy@unc.edu">privacy@unc.edu</a> ; see UCPPD site for mtg dates	
	Credit Card	CERTIFI Committee Approval	As early as possible	CERTIFI committee, <a href="mailto:certifi@unc.edu">certifi@unc.edu</a>	
	Protected Health Info (PHI)	Business Associate Agreement (BAA) with vendor	Once vendor is selected	Your unit's Privacy Liaison or Purchasing.*	

\*If your unit does not have a Privacy Liaison, contact the Privacy Office at [privacy@unc.edu](mailto:privacy@unc.edu).

## Digital Accessibility

[Digital accessibility](#) is a practice ensuring that content, resources, and technology communicated electronically can be used regardless of ability, disability, or assistive technology. For purchases/renewals over \$5,000 and user base greater than 100 people, a Voluntary Product Accessibility Template (VPAT) is required.

A VPAT is required for my purchase/renewal/request  A VPAT is not required for my purchase/renewal/request

## Signatures

I attest that I have provided complete and correct information on this form to the best of my knowledge.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School/Dept/Division IT Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title