



Responsible Party Name(s): _____

Department: _____ Date _____

Vendor: _____ Product: _____

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 approvals, and attach this form, along with any needed documentation, to your purchase requisition.

No Sensitive (Tier 2 or 3) Information

The product/service will not receive, store, transmit, or have access to sensitive information, including FERPA.

Sensitive Information Checklist (skip the next two items if no SI)

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 Tier 2 or 3 information have two core requirements that you must complete.

Requirement	Information	ServiceNow or other Reference	Completed Date
1. Risk Assessment	safecomputing.unc.edu		
2. Data Governance Review	datagov.unc.edu		

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
	Credit Card	CERTIFI Committee Approval	As early as possible	CERTIFI committee, certifi@unc.edu	
	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.

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 from the vendor. (A VPAT is always strongly recommended.)*

I have received and reviewed a VPAT from the vendor I was not able to obtain a VPAT

*For assistance or training regarding review of VPAT, or if the product/service does not meet all accessibility requirements, contact the [Digital Accessibility Office](#).

Attestations

RESPONSIBLE PARTY: I attest that I have provided complete and correct information on this form to the best of my knowledge. I understand that my unit is financially and otherwise responsible if procured products or services do not meet accessibility, security, or other requirements. This may include ceasing use of a product or service if accessibility or security issues cannot be resolved.

IT DIRECTOR: I attest that to the best of my knowledge this procurement has all required technical support to ensure security requirements are met, that the responsible party has needed processes for access control, vendor management, and other technical policy requirements in place such that the product or service can operate in compliance with IT and Digital Accessibility policies.

Responsible Party Name and Title

School/Dept/Division IT Director name and Title