The purpose of this questionnaire is to help identify if an application or service involves private or confidential data or performs a critical function for the institution which could negatively impact business operations. The Information Access and Protection Questionnaire is used when acquiring any IT (Information Technology) application or IT service. This questionnaire should be completed by the business unit with primary responsibilities for the application/service, and **a copy of this completed and signed questionnaire should be retained by both the business unit and the Information Security Office.**

|  |  |
| --- | --- |
| **User Completing Questionnaire:** |  |
| **Primary Business Process Owner:** |  |
| **Primary Contact Person:** |  |
| **Solution Name:** |  |
| **Brief Description of Solution:** |  |
| **Type of Solution:** | [ ]  New Application/Service[ ]  Existing Application/Service (change request) |
| **Application Location:** | [ ]  On-Premise (local)[ ]  Cloud (Software-as-a-Service) |

**Once completed, please sign and email this questionnaire to the contact for your campus or institute**:

**UTK & UTSA**: **OIT\_security@utk.edu**

**IPS:** **chris.roberts@tennessee.edu**

**UT Southern:** **cnkulu@utsouthern.edu**

The form will then be reviewed to determine if additional work will be necessary to ensure compliance with university IT policies/procedures.

|  |
| --- |
| **Section A: Purpose** |
| What is the purpose/use for this product and/or vendor? |
| **Answer:** |

|  |  |
| --- | --- |
| **Section B: Information and Access Protection** | **Answer** |
| Does/will this solution store, process, or provide access to Social Security Numbers (SSNs), FERPA (Family Education Rights and Privacy Act) data, PCI (Payment Card Industry) data, HIPAA (Health Insurance Portability and Accountability) data, PII (Personally Identifiable Information) information, and/or other Moderate or High sensitivity information?  | [ ]  YES [ ]  NO |
| **Please explain all information stored, processed, or accessed through this system.**  |

Based upon definitions for availability (see below) what is the business impact:

* The potential impact is LOW if the system is offline for 2 weeks or more and it could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
* The potential impact is MODERATE if the system is offline for 72 hours to 2 weeks and it could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.
* The potential impact is HIGH if the system is offline for 72 hours or less and it could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.

|  |  |
| --- | --- |
| **Section C: Business Impact** | **Answer:** |
| Based upon the definitions above, what is the Business Impact? |  [ ]  Low [ ]  Moderate [ ]  High |
| Please explain: |

|  |  |
| --- | --- |
| **Section D: University System Interconnections** | **Answer:** |
| Does this software need to connect to any university systems or computers? i.e., DASH, IRIS, Banner, Salesforce, etc. | [ ]  YES [ ]  NO |
| **If yes - please explain:** |

Accountability for all risk acceptance including information technology risks is owned by the organizations within the University that are creating and managing risks in relation to their operations. This document is intended to assist in that process by providing information for University Business leaders to use in making informed business decisions.

By signing this questionnaire, you attest on behalf of your business unit that, to the best of your knowledge, the above answers are complete and accurate.

**Acknowledgment by Primary Business Process Owner**

Name:

Title:

Signature: Date: