



3RD PARTY SECURITY & PRIVACY QUESTIONNAIRE

June 2021

Your Name:

Your Department:

1. Name of person who wants this agreement executed:
2. Department of the person who wants this agreement executed:
3. Legal name of the vendor for this agreement:
4. Describe the purpose/function of the proposed solution/practice, (i.e., what need is being met)?
5. Are you requesting that the entire agreement be reviewed or only certain sections of the agreement? Please describe:
6. Will the vendor allow for any language negotiations? Yes No Don't know
If yes, do you know which sections of the agreement the vendor will negotiate?
7. Are there any policies, notices, amendments, or consent forms incorporated by reference, (i.e., Privacy Policy, Incident Response Policy, Data Process Amendment, etc.)? Yes No
If yes, please include these documents or provide a link with the agreement.
8. Does the proposed solution/practice involve the collection, sharing, accessing, transferring, processing, review, maintenance, retention, or use of [Restricted Information](#) by or to an outside party? Yes No
9. Is any of the data export controlled as described on [UA's Export Control FAQ's](#)? Yes No
If yes, have you contacted [Export Control](#) regarding the security measures needed to protect the data? Please describe the nature of the export control data.
10. Does the proposed solution/practice involve hosting by an outside party (i.e., off-site storage or cloud-based hosting by one or more non-UA parties) of Restricted Information?
Yes No
If yes, does the agreement allow for a copy of the vendor's audit to be provided prior to signing the agreement? Yes No
If yes, please request a copy of the audit and provide it with this questionnaire.
11. Will the vendor have access to servers, systems, or networks?
Yes No
If yes, which servers, systems, or networks will the vendor be able to access and what is the data security plan?

12. Will the vendor have access to other manners of storing or displaying UA Restricted Information (i.e., paper files and documentation, electronic spreadsheets, etc.)? Yes No
If yes, please provide details on how the vendor will store and/or display the Restricted Information.

13. What data elements will be collected, shared, accessed, transferred, processed, reviewed, or maintained by the vendor?
Social Security Numbers Credit Card Numbers Student Records Employee Records
Financial Information Student Directory Information Other:

14. Are there any research consent forms, authorizations, or IRB requirements that need to be considered for this review? Yes No
If yes, please include these documents with this form.

15. Did you request to have another UA department review this agreement (i.e., Registrar, ISO, Risk Management, HIPAA Privacy, etc.)? Yes No
If yes, which departments are also providing a review?

You may be asked to provide the feedback you received from the other departments.

16. Include any documents requested in the questionnaire that you have available.

Acknowledgment

By submitting this questionnaire, I acknowledge that I have read the questions and that all responses are based on my due diligence to provide accurate and comprehensive information for this review.

I agree

Signature:

Date:

Please sign (electronic signature is acceptable) this form and email it with the document(s) to Privacy@email.arizona.edu.

